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COMPARATIVE PERCEPTIONS OF COUNSELOR BEHAVIOR:
A REPLICATION AND EXTENSION

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By

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1976

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This Dissertation is dedicated to my wife,
Marilyn, who helped make it a reality

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PUBLICATIONS

- LaCrosse, M.B. Nonverbal behavior and perceived counselor attractiveness and persuasiveness. Journal of Counseling Psychology, 1975, 22, 563-566.
- Barak, A., & LaCrosse, M.B. Multidimensional perception of counselor behavior. Journal of Counseling Psychology, 1975, 22, 471-476.
- LaCrosse, M.B., & Barak, A. Differential perception of counselor behavior. Journal of Counseling Psychology, 1976, 23, 170-172.
- Barak, A. & LaCrosse, M.B. Comparative perceptions of counselor behavior: A process and methodological investigation. Counselor Education and Supervision , in press.

FIELDS OF STUDY

Major Field: Counseling Psychology

Advisor: Professor Don M. Dell

PROFESSIONAL INTERESTS

The role of cognitive processes in affect, behavior, and behavior change.

The role of verbal and nonverbal components in the perception of counselor behavior.

Counselor self-management and the role of related person-perception processes of clients.

The significance of assessment in the specification of psychological treatments.

Ethical and moral implications of the psychologist's social role as practitioner, scientist, and teacher.

The importance of the counselor's values in the selection, specification, and treatment of clients.

The significance of nonspecific effects in behavioral, psychological, and medical treatments.

Biofeedback and self-control: Implications and applications of biofeedback in stress adaptation and behavior change.

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CHAPTER I

Statement of the Problem

The effectiveness of a counseling or psychotherapy session is determined to a large extent by the client's perceptions of the therapist's behavior. The counselor's behavior in the interview represents a "medium through which the client derives and organizes perceptions about the counselor as well as the perceptions the counselor acquires or experiences about himself" (Barak and LaCrosse, in press).

Goldstein, Heller and Sechrest (1966) discussed how client perceptions of the therapist might be influenced by counselor behavior indicative of expertness, credibility, trustworthiness, and attractiveness. Their suggestions for research in each of these dimensions were derived from earlier research in social psychology that indicated the importance of a communicator's perceived credibility (expertness and trustworthiness) and attractiveness for inducing attitude change (Hovland, Janis and Kelley, 1953). At this point, it should be noted that the terms "counselor" and "therapist" are used interchangeably.

Counseling As Interpersonal Influence

Strong (1968) hypothesized that counseling represents an interpersonal influence process. He suggested that counselors perceived by clients as expert, attractive, and trustworthy should be more influential with clients than counselors not perceived as such. Some

experimental research, though analogue in nature, has shown that "client" attitudes can be changed by higher levels of expertness or attractiveness (Dell, 1973; Schmidt and Strong, 1971; Strong and Dixon, 1971; Strong and Schmidt, 1970a, 1970b). Barak and LaCrosse (1975) obtained results supporting the existence of the three dimensions of expertness, trustworthiness, and attractiveness in subjects' ratings of experienced therapists. These studies have provided evidence that these constructs are important dimensions affecting subjects' and observers' perceptions of counselor behavior. Except for the Barak and LaCrosse (1975) study, interviewers or counselors used in this research have been trained to manifest high levels of expert, attractive, or trustworthy behavior (e.g., Barak and LaCrosse, in press). A theoretical question remains regarding the validity and generalizability of the constructs with therapists not specifically trained to manifest them in therapy. It is interesting to speculate that perhaps these counselor behavior dimensions are prominent in many therapeutic approaches and orientations, that is, that they represent behaviors basic to the counseling intervention process itself. One purpose of this research is to examine the generalizability of these dimensions of perceived counselor behavior with counselors not specifically trained to use them. A related topic involves the question of whether or not these dimensions have relevance to actual therapy or counseling clients. Only the study by Barak and LaCrosse (in press) used actual clients in studying the similarity of perception of these dimensions among counselors, clients and observers.

Comparative Perceptions of In-Therapy Counselor Behavior

A third and major purpose of this research is to compare the counselor's perception of his own behavior with those of the client and an external observer along the above named dimensions. Counselor behavior is assumed to be a significant process factor and has been hypothesized to be related (if not causal) to counseling outcome, especially among therapists of the client-centered approach (e.g., Rogers, 1959; Carkhuff, 1969; Carkhuff and Berenson, 1967; Truax and Mitchell, 1971). Though the counselor's behavior may be thought of as an objective phenomenon, it is the base for subjective perception and interpretation (inference) by individuals either directly involved as participants or less directly, as observers. Especially in reference to counselor training, it is important to know how different sources of perception (i.e., client, counselor, observer) perceive the same behavior of the counselor.

Some research has dealt with observers' perceptions of counselor behavior (e.g., Barak and LaCrosse, in press; Jansen, Robb, and Bonk, 1972; Pierce and Schauble, 1971; Friesen and Dunning, 1973), with clients' perceptions of their counselors (McIlvanine, 1972), or with counselors' perceptions of themselves (Redfering, 1973; Stoner and Riese, 1971). Most of these studies have looked at the perceived effectiveness of counseling, or changes in the perception of the counselor over time from the vantage point of one or more persons.

Other studies have compared two of three different sources of ratings (e.g., McWhirter, 1973; Silverman, 1972, 1973) and some compared all three rating sources (e.g., Brown and Cannaday, 1968; Bishop, 1971; Burstein and Carkhuff, 1968). Generally, the results of these studies tend not to reveal any clear or consistent relationships. For example, Silverman (1972) found considerable resemblance between clients' perceptions of their counselors and counselors' perceptions of themselves. However, in a later study Silverman (1973) found contradictory results. Little similarity existed between client perceptions of counselor behavior and the counselors' self-perceptions. In a recent study, Barak and LaCrosse (in press) found that all three sources of perceptions were very similar, though counselors rated their own behavior as significantly less expert than did their clients.

According to social influence approaches to counseling (Strong, 1968), it is insufficient that the counselor only behave in a certain way; he must be perceived accordingly by the client to maximize the probability of success in therapy. It becomes essential, therefore, to study the congruence of these perceptions, as well as external observers' perceptions, in order to enhance the validity of inferences made during and after counseling sessions. The validity of colleague or supervisor feedback is crucial for subsequent counseling insofar as the therapist or trainee tries to modify his therapy behavior accordingly in subsequent sessions.

It is important that counselors acquire accurate information about how their clients perceive them and that their own perceptions of their counseling behavior be similar to these if meaningful, effective counseling is to develop (Barrett-Lennard, 1962; Strong, 1968).

Social Influence Dimensions and Client-Centered Variables

A fourth purpose for this research will be to determine the degree of relationship between the dimensions of expertness, attractiveness, and trustworthiness and the client-centered conditions of empathic understanding, congruence, unconditional regard, and level of regard (Barrett-Lennard, 1962; Rogers, 1957, 1959; Truax and Carkhuff, 1967). Strong (1968) proposed that therapists create attractiveness through unconditional positive regard and accurate empathy. This suggests the possibility that the dimensions of perceived counselor expertness, attractiveness, and trustworthiness may be part of perceived client-centered facilitative conditions. Certainly, the reverse is also a possibility as well. This theoretical concern reflects an issue raised by Kiesler (1966, 1971) and others, that many other components of the therapist's behavior probably exist which have never been investigated and which may account for equally important amounts of the variance in the perception of the counselor. Resnikoff (1972) showed that client-centered variables account for 2 - 22% of the variance in therapy outcome. Perhaps the above named dimensions are equally important and may serve to amplify what has already been learned about counseling process. No studies to date

have examined the similarity of the social influence conditions to the more well-known and ubiquitous core conditions. Barrett-Lennard (1962) did find that more expert therapists (expertness defined in terms of amount of experience) were perceived to be significantly more empathic by clients than were less expert therapists. Note that the degree of counselor expertness was not defined in terms of perceived expertness but rather it referred to years of experience.

An Approach to Professional Training

The final purpose of this research is to offer a counselor-training methodology which provides counselors and supervisors with a vehicle for comparing unique perceptions about specific counselor behaviors rather than about "more global, diffuse, and nonspecific perceptions" (Barak and LaCrosse, in press). Such specificity should enhance the supervision process with the ultimate goal of enhancing the therapist's in-session behavior, i.e., his influence potential.

Independent Variables

The independent variables of this study are:

- (1) Counselors
- (2) Clients
- (3) Observers

Dependent Variables

The dependent variables are:

- (1) A measure of perceived counselor expertness
- (2) A measure of perceived counselor attractiveness
- (3) A measure of perceived counselor trustworthiness

- (4) A measure of perceived counselor empathic understanding
- (5) A measure of perceived counselor congruence
- (6) A measure of perceived counselor unconditional regard
- (7) A measure of perceived counselor level of regard

Hypotheses

Although there are limited data to suggest directional hypotheses, the data from Barak and LaCrosse (in press) would suggest the following:

- (1) On each of the seven dependent variables, counselors will rate themselves significantly lower than clients will rate them.
- (2) On each of the seven dependent variables, the observers will rate the counselors' behavior significantly lower than the clients' ratings, but higher than the counselors'.

The following hypotheses are stated in null form:

- (3) There will be no significant correlation between ratings of perceived counselor expertness and ratings of perceived counselor empathic understanding, congruence, unconditionality of regard, and level of regard for either counselors', clients' or observers' ratings. These represent twelve separate hypotheses.
- (4) There will be no significant correlation between ratings of perceived counselor attractiveness and ratings of perceived counselor level of regard for either counselors', clients', or observers' ratings. These represent three separate

hypotheses.

- (5) There will be no significant correlation between ratings of perceived counselor trustworthiness and ratings of perceived counselor empathic understanding, congruence, unconditionality of regard, and level of regard for either counselors', clients', or observers' ratings. These represent twelve separate hypotheses.
- (6) Within the dimensions of expertness, attractiveness, and trustworthiness, there will be no significant correlations between the ratings of counselors vs. clients, counselors vs. observers, or clients vs. observers.
- (7) Within the dimensions of empathic understanding, congruence, unconditionality of regard, and level of regard, there will be no significant correlations between the ratings of counselors vs. clients, counselors vs. observers, or clients vs. observers.

Based upon Strong's (1968) proposal, it is hypothesized that:

- (8) A significant positive correlation will be obtained between ratings of perceived counselor attractiveness and perceived counselor empathic understanding and unconditionality of regard for counselors', clients', and observers' ratings.
- (9) In addition, a significant positive correlation between ratings of perceived attractiveness and perceived congruence will hold for clients', counselors', and observers' ratings.

CHAPTER II

Review of Literature

This literature review deals with theory and research relevant to the importance of client perceptions of counselor behavior, counseling as interpersonal influence processes, the generalizability of perceived counselor expertness, attractiveness, and trustworthiness among an actual clinic population with counselors not specifically trained on these dimensions, the relationship between the social influence dimensions and client-centered variables, and comparative perceptions of in-therapy counselor behavior.

This research represents a replication and extension of a study carried out by Barak and LaCrosse (1975, in press) which sought to examine similarities and differences among counselors', clients', and observers' perceptions of counselor interview behavior. Many empirical and theoretical questions were raised and/or amplified by this study. Some of these questions influenced the investigator to continue and expand this line of research among counselors not trained to be aware of exhibiting various degrees of expertness, attractiveness, and trustworthiness, as well as the utility of these constructs among clients other than students who seek professional counseling or psychotherapy services. A major concern is to examine the similarity of perceptions among actual clients, counselors, and observers

in a clinic setting.

The Significance of the Perception of Counselor Behavior

Perhaps a basic postulate of the present study is that the client's experience of his counselor's behavior is the primary medium of therapeutic influence. For many years process and outcome research in counseling and psychotherapy have emphasized study of therapist behavior and therapist experience of the client during counseling sessions. Rogers (1957) stated that it was first of all necessary that the counselor experience certain things in relation to his client (e.g., empathy) and, secondly, that he communicate these vital components of his response to the client. Rogers appears to assume that the client will perceive automatically certain therapist-offered conditions when they are expressed by the therapist.

The present change in emphasis seems to be in agreement with the work of Barrett-Lennard (1962) and Strong (1968) who both believe that the starting point of any conception of counseling begins with the assumption that it is what the client perceives that influences him directly. Similarly, the seminal work of Goldstein, Heller, and Sechrest (1966) at least implied that counselors could maximize their influence capacities by heightening client perceptions of them as credible (expert and attractive) and trustworthy. They based these hypotheses on research in social psychology which had demonstrated the importance of these variables for changing people's opinions and behavior (e.g., Back, 1951; Byrne, 1961; Berscheid and Walster, 1969; Hovland, Janis and Kelley, 1953). Since counseling is concerned

ultimately with behavior change, (Krumboltz and Thoresen, 1969; Osipow and Walsh, 1970) it seems essential that counselors study how their clients perceive them, how their clients gain impressions about them that are responsible for mediating the impact of counselor-initiated suggestions. It seems plausible to suppose that the more information the counselor acquires from the client about his own influence potential, the greater the probability will be that he will be able, with his client's initiative, to help the client modify his behavior in desired directions. It seems likely that many early therapy failures and premature terminations could be avoided if the counselor was more aware of his client's experience of him.

In many cases the client probably perceives his counselor differently from the way the counselor or even an external observer perceives the counselor's behavior. Because the client's perceptions result from the interaction of his own unique personality characteristics, it is unlikely that his experience of the counselor will be exactly like the counselor's experience of himself. One of the stated predictions of this research is that such discrepancies will occur between the different sources of perception.

Counseling as Interpersonal Influence

One set of variables in the present research is the social influence dimensions of expertness, attractiveness, and trustworthiness as proposed for counseling by Strong (1968). Investigations of counseling as a process of social influence have focused on these three variables as important components of the influence process in counseling. These

variables are thought to be significant in the client's perception of the counselor insofar as they enhance the influence potential of the counselor when present at high levels. Before discussing some studies investigating these dimensions, the dimensions are defined below.

Expertness (Schmidt and Strong, 1970; Strong and Schmidt, 1970a) may be defined as the perception of special knowledge, skills, and techniques (e.g., psychological tests) possessed by the expert (i.e., counselor) in the eyes of the client. Expertness refers to special knowledge procured through rigorous training and by virtue of one's reputation, manner, and environmental setting. Accoutrements of expertness for the counselor would be diplomas, certificates, a private office, bookshelves lined with books, etc. Attributes indicative of expertness would be careful, thoughtful, alert, analytical, logical, informed, skillful, attentive, organized, etc.

Attractiveness (Strong, 1968; Schmidt and Strong, 1971; LaCrosse, 1975) may be defined as the counselor's perceived similarity to a client, the client's perception of the counselor's positive feelings for him, desire to gain his approval, and desire to be more similar to him. Attributes indicative of decreased status discrepancy between client and counselor would be agreeableness, casualness, cheerfulness, friendliness, likeableness, warmth, etc. Goldstein (1971), Goldstein et al. (1966), and Goldstein and Simonson (1971) concluded that a high degree of counselor attractiveness reduced client resistance and enhanced his commitment to treatment, prognosis, and receptivity to counselor influence.

One study has shown that attractiveness can be manifested completely nonverbally (LaCrosse, 1975). Nonverbal behaviors appear to be essential to perceived expertness and trustworthiness as well (Kaul and Schmidt, 1971; Schmidt and Strong, 1970a).

Trustworthiness (Kaul and Schmidt, 1971; Roll, Schmidt and Kaul, 1972; Strong and Schmidt, 1970b) may be defined as behavior perceived to be indicative of consideration, respect, and sincere unselfish interest in the client's needs and feelings. The client perceives that the counselor's information and suggestions are true and for his benefit; the client feels comfortable because he trusts in the counselor's confidentiality. The counselor has no ulterior or hidden motives in anything he says or does and is perceived to be open and honest. Similarly, Strong (1968) suggested that the counselor "establishes the client's perception of his personal trustworthiness by paying close attention to the client's statements and other behavior, by communicating his concern for the client's welfare, by avoiding statements indicating exhibitionism or perceived curiosity, and by assuring confidentiality of all transactions (p. 222)."

During the past seven or eight years a considerable number of analogue studies have been done primarily investigating the influence of expertness and attractiveness on subjects' attitudes and behaviors. Though analogue in nature, these studies seem to have both implications and applications to actual counseling situations.

Strong and Schmidt (1970a) demonstrated that perceived expertness could be controlled by the environmental surroundings, titles, and

behaviors of interviewers and was one of the factors which determined the amount of change obtained from influence attempts. Atkinson and Carskaddon (1975) found that subjects were more likely to rate the counselor as one they would want to see if the counselor was perceived as an expert.

Attractiveness (or referant power base) can be described in terms of interpersonal attraction. Byrne (1961) found that persons who liked each other assumed they were similar in important ways. Perceived similarity leads to liking and interpersonal attraction (Berscheid and Walster, 1969), and interpersonal attraction appeared to enhance the acceptance of an influence attempt (Brock, 1965). Additionally, the client's perception of specific counselor attributes such as warmth, likeability, sincerity (i.e., attractiveness), competence, and trustworthiness has been shown to increase the probabilities of favorable affects on counseling process and outcome (Goldstein and Simonson, 1971; Luborsky, Chandler, Auerbach, Cohen, and Bachrach, 1971).

Schmidt and Strong (1971) asked fifty-four male undergraduates (41 experimental and 13 control) to rate their need for achievement before, following, and one week after a twenty-minute interview which explored their achievement needs. In the experimental condition the interview terminated with the interviewer attempting to influence the Ss' need for achievement ratings. The interviewer always gave an "opinion" about the S's need for achievement that was 2 units above the S's previous rating. In the control condition, no influence

attempt was made. In the experimental condition, Ss had the interview with an interviewer who portrayed a high-attractive role or a low-attractive role. Ss in the experimental groups changed their ratings of the interviewers significantly more than controls ($p < .02$). However, the high vs. low attractive conditions did not produce significant differences in their ratings of need for achievement. There was a significant difference, however, in the two groups awareness of the interviewer's attempt to influence them ($p < .05$). Ss in the high-attractive group perceived the influence attempt less than those in the low-attractive group. On a measure of attraction to interviewers, Ss in the high-attractive condition were more attracted to the interviewer than Ss in the low-attractive group ($p < .05$). Thus, even though the interviewers were successful in controlling subjects' attraction to them, Ss were equally influenced by them. To influence subjects the interviewers seemingly only had to offer their opinions. The authors accounted for this result by suggesting that no difference between high and low-attractive interviewer groups was due to the fact that both interviewers had been presented as experts. However, the authors believed that, since subjects in the high-attractive condition were more attracted to the interviewer than those in the low-attractive group in just a brief interview, the influence of attractiveness was probably more powerful in longer-term relationships, especially counseling.

A study by Strong and Dixon (1971) investigated the relationship between expertness and attractiveness in more detail. They were

interested in testing two competing hypotheses: (1) that attractiveness and expertness combined additively (attractive experts would be more influential than unattractive experts) or (2) that expertness masked the effects of attractiveness (attractiveness unimportant for experts but necessary for inexperts). In the first experiment, attractive experts did not exert more influence than unattractive experts and the additive hypothesis was disconfirmed. In the second experiment, the masking effect of expertness was supported. Attractiveness did not affect interviewers' influence within expertness but did affect their influence within the inexpert role. Changes in Ss' self-ratings between pre-, post-, and follow-up (1 week) measures for the attractive roles were not different for expert and inexpert interviewer conditions. The masking effect of expertness was found only for the unattractive role conditions. When the expert was unattractive he was still influential. However, the unattractive expert, though influential, was not as influential as the attractive expert. Results also indicated that the influence potential of the expert but unattractive interviewer might decrease over time as had been suggested by Schmidt and Strong (1971) in their investigation.

In one sense, attractiveness seemed very potent for an interviewer's influence potential. Thus, the influence power of the attractive interviewer was almost the same whether or not he was perceived as expert or inexpert. Yet, when the interviewer was expert, attractiveness did not seem to immediately matter. While attractiveness was less important when the interviewer was expert, it was essential

when he was inexpert.

These results have potential significance for counselor trainees who might not be perceived as experts. Attractiveness may be more important earlier in training to help compensate for lack of expertness.

Unlike Schmidt and Strong's (1971) earlier findings, Strong and Dixon (1971) found that subjects in both experiments rated their degree of agreement with interviewers' opinions significantly greater than did subjects in the unattractive interviewer conditions. Thus, more attractive interviewers, those perceived as more similar to the subject and as liking the subject, elicited more opinion change than less attractive interviewers. Subjects in Strong and Dixon's unattractive interviewer conditions more often wished to change interviewers while subjects in the attractive conditions reported more feelings of involvement in the interview. The counselor's attractiveness seemed to affect the likelihood that his clients might return for another session, as well as their involvement in the counseling process. Unattractiveness was likely to foster resistance and lack of client involvement, both of which might decrease the counselor's long term influence effectiveness.

A few earlier studies by client-centered investigators provided some indirect evidence for the importance of expertness. Studies by Fiedler (1950), and Lipkin (1954) showed that expert therapists of widely divergent theoretical orientations were more influential and, thereby, effective therapists with their clients. In fact, these expert therapists seemed to share capacities for understanding and

effective communication (as rated by judges, unfortunately) to a higher degree than non-experts. In these studies, however, it is difficult to partial out whether the effectiveness of the therapists was due to their perceived expertness, increased capacities for understanding and communication, or both. These studies may represent examples of the possible relationship between social influence and client-centered like conditions.

The counselor may help develop attractiveness and trustworthiness by sharing similarities in values, experiences, and attitudes with his client. This demands a certain degree of self-revelation on the counselor's part. A study by Murphy and Strong (1972) revealed that interviewers' similarity self-disclosures and apparent liking for the interviewees enhanced the interviewees' perception of the interviewers' transparency, empathic understanding, and warmth. Again, a hint emerges regarding the possible relationship among social influence and client-centered variables.

In a study attempting to modify students' procrastination behaviors, Dell (1973) found that counselors perceived as expert and referent (a "co-oriented other") were equally effective in inducing subjects to implement action plans aimed at reducing their procrastination regarding school-related tasks.

In a factor-analytic study, Barak and LaCrosse (1975) asked 202 subjects to view films of counseling interviews given by Carl Rogers, Fritz Perls, and Albert Ellis and to rate their behavior on 36 bi-polar adjective items (Counselor Rating Form). Ratings were factor analyzed

for each therapist separately. Three distinct factors emerged for Rogers and Perls and two emerged for Ellis. For subjects' ratings of Rogers and Ellis there were three independent factors which corresponded to expertness, attractiveness, and trustworthiness as defined previously by four experts. For Ellis, the trustworthiness dimension appeared to be confounded with the expertness dimension since most all the trustworthiness items loaded on the expertness factor. Nonetheless, the other two factors emerged clearly for ratings of Ellis. The three factors accounted for approximately 51% of the total variance in subjects' ratings. Attempts to extract more than three factors showed no meaningful additional factors.

The above study was important because it provided evidence that the three dimensions hypothesized by Strong (1968) seemed to be operative in the perceptual-organizational processes used by subjects to make ratings of the three therapists. As such, the utility of the three dimensions for research and training was supported. Subjects' ratings of these counselor's interview behavior loaded strongly on one of the three dimensions.

The foregoing section has been an attempt to provide a rationale and empirical support for the significance of perceived expertness, attractiveness, and trustworthiness in the counseling relationship. Expertness and attractiveness have received more empirical support than trustworthiness, though this seems, in part, due to the fact that they have been more thoroughly investigated. Strong and Schmidt (1970b) found that interviewers trained to be trustworthy were not

more influential with subjects than interviewers trained to be untrustworthy. Since this initial disconfirmation, trustworthiness and influence have received little attention. Its significance in relation to the known significance of expertness and attractiveness has yet to be determined. It should be noted, however, that in the Strong and Schmidt (1970b) study, the manipulation of perceived trustworthiness was not sufficiently successful to disconfirm the suggested facilitating effect of trustworthiness on influence.

The Generalizability of the Social Influence Dimensions

Except for one study which used prison inmates as subjects (Roll, Kaul, and Schmidt, 1972), the research investigating the social influence dimensions has used college students as subjects and counselors trained on these dimensions. An important theoretical question remains regarding the generalizability of these constructs among actual clients involved in counseling. A related question concerns the issue of whether or not counselors not trained specifically to manifest high levels of these dimensions will obtain high ratings from their clients and/or observers.

Are expertness, attractiveness, and trustworthiness basic to "good" therapeutic counselor behavior? Although the present study cannot answer this question directly, high ratings from clients on these variables would suggest that their performance may be independent of specific training and/or that they are part of other therapeutic orientations.

The social influence dimensions may be ubiquitous among effective counseling in that they may represent some of the "basic ingredients of psychotherapy" as presented by Strupp (1973). Strupp maintained that "the creation of a power base from which the therapist influences the client (p.1)" was the second ingredient or condition for change in counseling. Expertness, attractiveness, and trustworthiness seem to be central components of this second condition and there is probably no therapeutic relationship in which one or more of the therapist behaviors within these dimensions are not functionally operative.

Kiesler (1966, 1971), in his discussion of the conceptual and methodological difficulties arising from "uniformity myths" in counseling, suggested there were probably many other components of therapist behavior which have not been thoroughly investigated and which may account for important amounts of the variance in client perceptions of counselor behavior. The social influence dimensions may be equally important components of counseling process, at least as important as the more well-known core conditions.

Social Influence Dimensions and Client-Centered Variables

Before discussing the possible relationships among the social influence dimensions and client-centered facilitative conditions, some attention will be given to briefly defining client-centered conditions relevant to this investigation.

Empathic understanding may be defined as the "active process of desiring to know the full present and changing awareness of another

person...(Barrett-Lennard, 1962, p.3)." Empathic understanding is concerned with experiencing the process and content of another person's awareness. Specifically, it includes sensing the here-and-now affective quality and intensity of another's experience in a particular context (Barrett-Lennard, 1962; Rogers, 1957, 1959; Truax and Carkhuff, 1967).

Congruence is the degree to which an individual is "functionally integrated in the context of his relationship with another, such that there is absence of conflict or consistency between his total experience, his awareness, and his overt communication... (Barrett-Lennard, 1962, p.4)." Congruence implies that the individual is freely open to awareness of his ongoing streams of experience and is not threatened but open to what the other person is communicating to him.

Level of regard and unconditionality of regard were formulated by Barrett-Lennard (1962) as two distinct components of unconditional positive regard, initially developed by Standaal (1954) and, of course, expanded upon by Rogers and his associates.

Level of regard refers to affective aspects of one person's response toward another. These aspects include various qualities and intensities of both positive and negative feelings. Positive emotions include "respect, liking, appreciation, affection, and any other affectively adient response (Barrett-Lennard, 1962, p.4)." Negative feelings would include emotions of dislike, contempt, impatience, and in general "affectively abient responses (p.4)."

Level of regard may be more specifically considered "the composite 'loading' of all the distinguishable feeling reactions of one person toward another, positive and negative, on a single abstract dimension. The 'lower' extreme of this dimension represents maximum predominance and intensity of negative-type feeling, not merely a lack of positive feeling (p.4)."

As opposed to level of regard, unconditionality of regard concerns the degree of variability of an individual's affective response to another. It is defined by Barrett-Lennard (1962) as "the degree of constancy of regard felt by one person for another who communicates self-experiences to the first (p.4)." The more a person's (the counselor's) regard for another person (client) depends on the other person's attitudes, feelings or experiences, the less unconditional it is.

Unconditionality and level of regard have been shown to be uncorrelated with each other when clients rated therapists (Barrett-Lennard, 1962). This appeared to give support to the theoretical and operational separation of these two dimensions as far as client perceptions were concerned. Interestingly, when therapists rated themselves on these and the other two dimensions, they all correlated significantly beyond the .01 level of confidence. Thus, from therapists' self-perceptions, the dimensions appeared to be conceptually related and/or part of a larger, more unitary, variable. LaCrosse and Barak (1976) found similar results for expertness, attractiveness, and trustworthiness when subjects rated filmed therapist behavior. The magnitude of the intercorrelations ranged

between .53 and .88. The highest correlation in this study was between expertness and trustworthiness ($r=.88$) for Ss' ratings of Carl Rogers. The authors suggested the existence of a subsuming variable of which expertness, attractiveness, and trustworthiness formed a part, and hypothesized the existence of a central dimension of perceived counselor behavior which they referred to as "charisma", "impressiveness", or "persuasiveness" (cf., Frank, 1973; LaCrosse, 1975). It is interesting to speculate about the possible relationships among the social influence dimensions and the Rogerian variables. Perhaps, any relationship between these sets of variables would help "fill in" some of the conceptual gap between the social influence dimensions and a more global dimension of perceived behavior.

Barrett-Lennard (1962) reported that the mean intercorrelation of the BLRI scales from client-based ratings was only .45 as compared to .65 for therapist-based ratings. The author concluded that, from the clients' perception, the scales were clearly measuring different things and not merely reflecting the clients' general satisfaction or dissatisfaction with the relationship. However, the magnitude of the interscale correlations for therapists suggested a substantial common factor. In this study it was difficult to account for the discrepancies between clients' and counselors' perceptions of counselor behavior.

Empathy, Unconditionality Of Regard, Congruence, and Attractiveness

Strong (1968) hypothesized that counselors create and maintain attractiveness through empathic understanding and unconditional regard. Though no known research is available relating these dimensions, it would seem conceptually plausible to suppose they would covary. When a counselor is empathic he is, by implication, communicating to his client some degree of commonality or shared similarity. It would seem impossible to be empathic and still try to play being "one-up" at the same time. Empathy implies a reduction of status discrepancy between client and counselor which would seem to enhance interpersonal attractiveness. Who is more agreeable and warm (attributes of attractiveness) than a skillfully empathic client-centered counselor?

From a conceptual viewpoint, attractiveness and unconditionality of regard also seem related. It would seem difficult to establish and maintain a consistent level of positive regard for a client if the counselor did not feel interpersonally attracted to the client, did not like the client, or felt they shared nothing in common.

Congruence also implies an openness to the client's experience. Attractiveness seems to demand a high degree of openness and honesty in addition to genuine interest in the client's experience. An empirical question arises, then, in regard to the conceptual similarity or dissimilarity of these four constructs. Is it possible to differentiate among them logically? In practice do they vary together, imply each other? If so, from whose conceptual vantage point do they covary?

Comparative Perceptions of In-Therapy Counselor Behavior

This final section is directed at an examination of research investigating the similarities and differences in perceptions of counselor behavior among two or more participants in counseling sessions. Although most research examining comparative perceptions has focused on comparing different persons' impressions of counseling effectiveness, a few studies have dealt with comparisons of specified therapeutic variables as manifested by the counselor.

As noted in Chapter I, a major purpose of this study was to compare counselors' perceptions of their own behavior with those of clients' and observers' along client-centered and social influence dimensions.

Client-centered counselors and researchers have probably devoted as much time as any investigators in the field of counseling and psychotherapy to establishing causal relationships between salient process variables in counselor behavior and counseling outcomes. They have spent less time studying client perceptions, perhaps because they have so often assumed these follow automatically when high levels of facilitative conditions are believed to be present (Alexik and Carkhuff, 1967; Carkhuff, 1972a, 1972b; Carkhuff and Alexik, 1967; Truax and Carkhuff, 1967; Truax and Mitchell, 1971). Counselor behavior has been considered to be the primary determinant of constructive client change (cf., Truax and Mitchell, 1971).

Although the counselor's behavior may be considered an observable, objective phenomenon, it serves as the base for subjective perception and interpretation by persons either directly involved as participants

(client and counselor) or indirectly, as observers. Counselors often assume that if they do certain things in their sessions their clients will then change in predictable and desirable ways. Perhaps they overlook the link between counselor behavior and client change - client perceptions and consequent agreement or opposition. It seems necessary, therefore, that counselors make efforts to know more about how their clients perceive the conditions they presume to create. This study allowed an examination of the degree of difference between the conditions counselors assume they establish and those clients, as well as observers, experience.

This issue concerns the validity of inferences made during, after and between counseling sessions by the counselor, client, and observers (where involved). Study of the congruence of this inferential process seems necessary to provide a vehicle for enhancing the validity of interpretations among participants. The effectiveness of supervision and colleague observations and feedback seems questionable if it occurs independently of information provided by the client. Insofar as the counselor does or does not attempt to implement alternative approaches after discussion with a supervisor and/or observer, it is important that each possess information from the client. A comparison of impressions could help improve the efficiency and effectiveness of the therapeutic process by testing implicit assumptions about counselors' perceived behavior against explicit ratings of that behavior as reported directly by clients.

Before reviewing the results of several pertinent studies, a few words should be said about the importance of using direct observation of counselor behavior as opposed to audio recordings, which are more easily managed from a practical research point of view. Direct observation enables observers to take advantage of verbal and nonverbal cues in the interview. Shapiro (1968) presented data which suggested that visual cues alone (e.g., body position, gestures, eye contact, etc.) accounted for 33% of the variance in perceived therapeutic conditions. Eliminating these through audio recording could spuriously reduce the magnitude of obtained correlations between ratings of counselors and observers and observers and clients.

Comparative Investigations

McIlvaine (1972) designed a study to investigate whether coached clients, trained in subjective rating procedures (designed to reduce client bias), were more similar to counselor educators (supervisors) when evaluating the effectiveness of counselor trainees. Twenty coached clients and twenty non-coached clients were randomly assigned to ten counselor trainees. After each session, the client and supervisor made ratings of the counselor's effectiveness using the Counseling Evaluation Inventory (CEI; Linden, Stone, and Shertzer, 1965). This instrument assessed counselor effectiveness on four major criteria: (1) total score; (2) counseling climate; (3) counselor comfort; and (4) client satisfaction. Results indicated that coached clients' ratings were more similar to supervisors' ratings of counselor effectiveness than ratings by non-coached clients.

This is one of few studies finding a significant degree of similarity between clients' and supervisors' perceptions of counselor behavior. This study would have been more meaningful if counselors had been asked to rate their own perceived effectiveness to allow comparisons between themselves and clients as well as observers. Since this study employed coached clients, it is somewhat limited in its applicability to the present inquiry. The results of McIlvaine's (1972) study were at variance with several previous studies which concluded that differences existed between ratings of counseling effectiveness by supervisors and those of clients and counselors (e.g., Johnston, 1966; Seaman and Wurtz, 1968).

Horenstein, Houston, and Holmes (1973) addressed themselves to a related question: "Should the client's or the therapist's judgment be used to determine the effectiveness of psychotherapy?" In the course of this study, they compared clients', therapists', and judges' perceptions of clients' progress in psychotherapy. Ratings of "perceived disturbance" were obtained from clients' perceptions of their problems, the therapists' perception of the clients' problems, and two independent expert judges' perception of the clients' problems, at the beginning and end of therapy (or the point at which the investigation was completed).

To obtain scores indicative of the degree of agreement among clients, therapists, and judges regarding the extent to which clients' problems had changed during therapy, the post-therapy perceived disturbance scores from clients, judges, and therapists were subtracted from the corresponding pretherapy scores. These change scores were

adjusted for correlation with pretherapy scores by a covariance procedure and were used in subsequent analyses. Results showed that clients and therapists did not agree about the progress made in therapy ($r=.10$, ns). Clients showed a higher level of agreement with the judges concerning the progress of therapy ($r=.54$; $p<.001$). The therapists' and judges' perceived disturbance change scores correlated .44. Comparisons of the pre- and post-therapy scores of therapists revealed significant improvement ($p<.001$) while the improvements reported by clients and judges only approached statistical significance ($p<.10$, for both). The authors concluded that the therapists' lower accuracy in evaluating clients and their tendency to overrate clients' progress in therapy contributed to their lack of agreement with clients and judges concerning progress in therapy. Most important, client evaluations of progress were consistent with those of independent judges. Contrary to traditional assumptions, this study suggested that clients may be better than therapists at evaluating their therapeutic progress. By implication from Horenstein *et al.*, clients may perceive counselor behavior differently from the way counselors perceive themselves. This may affect actual progress in counseling, since in this study, clients appeared to be less magnanimous regarding their own improvement than did their therapists. Moreover, it seems likely that such clients would experience less satisfaction from their therapy than their therapists.

Friesen and Dunning (1973) compared perceptions of counseling effectiveness among professional counselors and supervisors, practicum

students, and lay people. Three groups (12 practicum students, 5 lay people, and 5 professional counselors and supervisors) viewed identical portions of ten videotaped interviews made by ten practicum students. Each person viewed the tapes and rated the counselor trainee on the Rating Scale of Counselor Effectiveness (Ivey, Normington, Miller, Morrill, and Haase, 1968). Rank order correlations among the different sources of perceived effectiveness revealed strong agreement between groups in regard to which interview was perceived as best, second, etc. The correlations were .84, .88, and .96 between practicum students and lay people, practicum students and supervisors, and lay people and supervisors, respectively. When the same scores were compared for mean differences, students' ratings were significantly higher than both supervisors' and lay peoples' ratings. The authors suggested that, since the students tended to rate their peers more favorably than did supervisors, the role of the supervisor should be one of moderating possible inflated positive feedback by trainees for their peers. This assumes, of course, that supervisors represent the criterion for assessing effective counseling behavior. Again in this study, the significance of the client's perceptions about effectiveness were not assessed. Therefore, it is difficult to determine if the counseling was effective despite high degrees of agreement among peers, supervisors, and lay persons.

An additional finding of interest was that the lay people agreed more closely with the professional supervisors. This suggested that formal training in rating might not be necessary for accurate

assessment of the qualities of counselor effectiveness, at least as identified on the Ivey et al. scale.

Brown and Cannaday (1969) studied the amount of agreement among counselor, client, and supervisor ratings of overall counseling effectiveness. Sixteen practicum counselors and forty-eight clients participated in the study. Each counselor was randomly assigned three clients and their interviews were observed by supervisors. The supervisor was asked to rank the 16 counselors according to his perception of their counseling ability. Clients and counselors used the Counseling Evaluation Inventory (CEI) (Linden et al., 1965) to make their ratings of counseling effectiveness. Each counselor was ranked according to his or her own CEI score and the clients' CEI scores. These rankings were then compared with the supervisor's ranking of each counselor. Counselor self-rankings correlated only .13 with client rankings of the counselor on the CEI, and -.08 with the supervisor's ranking. On the other hand, clients' rankings correlated .81 ($p < .01$) with the supervisor's overall rankings of a counselor's counseling ability.

This finding seemed consistent with the results of Horenstein et al. (1973) who found greater agreement about progress in therapy between clients and judges. In the Brown and Cannaday study, counselors generally rated their own behavior lower than their clients did. Apparently, the supervision process was unable to bring counselors' perceptions of their own functioning in line with those of either clients' or supervisors' perceptions.

Bishop (1971) also compared the perceptions of counselors, clients, and supervisors with regard to the perceived effectiveness of counseling. The CEI was again used as a measure of effectiveness. Twenty-five counselor trainees provided self-ratings on the CEI and additional ratings were gathered from 120 clients and 25 supervisors, also on the CEI. Results indicated that counselor self-ratings were significantly correlated with supervisors' ratings ($r = .41$; $p < .05$). However, correlations between client ratings and those of counselors and supervisors did not significantly differ from zero ($r = .08$ and $r = -.18$, respectively). In addition, clients rated their counselors significantly more effective than either counselor self-ratings or supervisors' ratings of the counselors ($p < .01$). The results of this study were clearly contrary to those of Brown and Cannaday (1969). Counselors and supervisors agreed with each other regarding the effectiveness of counseling. This seemed to suggest they were perceiving the counseling process similarly, at least as measured by the CEI. However, neither the counselors' nor the supervisors' ratings of client satisfaction were related to the clients' ratings. This indicated that counselors and supervisors were probably "equally in error when making judgments of how clients react to the counseling they receive (p.322)." Thus, agreement between counselor and observer does not seem desirable if neither seems to have an accurate understanding of the client's satisfaction with counseling.

Silverman (1972) examined client and counselor perceptions of initial interviews following differential counselor training experiences. One training group received an experiential-introspective approach

consisting of tasks aimed at learning from self. Another group experienced a didactic-behavioristic approach composed of tasks aimed at learning via modeling. After training, the counselors were followed-up in actual counseling interviews. Twenty counselors and their 133 clients completed the Counseling Session Report (Orlinsky and Howard, 1966) regarding their perceptions of the counseling session just completed. Results showed there was little dissimilarity between client and counselor ratings. Only 6 of 154 items revealed significantly different means between the different groups. Although the author made conclusions about the differences for these items, one would expect differences on about eight items by chance alone (at the .05 level). Thus, it appeared that clients and counselors had similar perceptions about the magnitude of counseling satisfaction based on each's respective experiences in the various sessions under study. The author overstated what could have been chance differences. Even where mean differences were significant, they were very small (practically insignificant) differences. This appeared to have been a statistical artifact related to the large number of degrees of freedom employed in the analyses.

In a very similar study, Silverman (1973) again compared the perceptions of counselors and clients within each of two practicum groups. As before, one group received an experimental-introspective (E-I) approach and the other a didactic-behavioristic (D-B) approach. Using the same dependent measure (Counseling Session Report), he found that counselors using the E-I approach differed significantly

from their clients on 47 of 154 items. Counselors using the D-B approach differed from their clients on 40 of the 154 items of the questionnaire. Clients of counselors in both groups rated the overall quality of the counselor's behavior higher than did their counselors. Interestingly, the clients expressed a general positive evaluation, whereas counselors were much less positive in their own self-evaluations. This finding is reminiscent of Brown and Cannaday (1969) and Bishop (1971). Barak and LaCrosse (in press) found similar results. A problem with Silverman's (1972 and 1973) studies is that he never presented evidence that counselors in the different training groups actually employed different counseling strategies. Without such evidence, one cannot easily evaluate the superiority of one approach over another. In both studies, this could have accounted for the greater similarities than dissimilarities, as inferred from client and counselor responses to the questionnaire.

Barak and LaCrosse (in press) also investigated comparative perceptions of practicum counselor behavior. In this study, interviews given to nineteen clients were rated by clients, counselors, and supervisors on the Counselor Rating Form (CRF, Barak and LaCrosse, 1975). The CRF was developed to measure perceived counselor expertness, attractiveness, and trustworthiness. Clients from a university counseling clinic were seen by practicum counselors. Immediately after each interview, the CRFs were completed independently by each participant. Out of a maximum score of 84 for each dimension, counselors were rated at high levels by each rating source. It

seemed likely the high scores were due to the fact that all counselors had been trained to function and maximize the likelihood of being perceived at high levels of attractiveness, expertness, and trustworthiness. Additional results suggested there was considerable agreement among counselors, clients, and supervisors regarding overall perceptions of counselor behavior. These findings were contrary to those of Bishop (1971), Brown and Cannaday (1969), and Silverman (1973).

The similarity of perceptions in the Barak and LaCrosse study supported the notion that counselors and supervisors can perceive the counselor's behavior similar to the way the client perceives it. However, both counselors and supervisors underestimated the counselor's perceived expertness relative to the client. Clients rated counselors higher than counselors rated themselves on expertness ($p < .05$). The authors speculated that this difference for expertness may have been due to the counselor's perceptions of themselves as novices. As such, their ratings may have served a defensive function.

Finally, Barrett-Lennard (1962) performed a study which, among a variety of other things, presented data related to the issue of similarity of perception between counselor and client. Forty-two clients and twenty-one therapists completed the Relationship Inventory after five, fifteen, and twenty-five interviews, and at termination of therapy. The Relationship Inventory was designed to measure perceived counselor empathic understanding, congruence, unconditionality of regard, level of regard, and willingness to be known.

Among client perceptions of therapists, there were stronger relationships between the magnitude of client perceptions of therapists and rated change by therapists than between therapists' perceptions of their own level of the conditions and rated change by clients. To Barrett-Lennard, this seemed to be evidence of the primary relevance to therapeutic change of the client's perception of the relationship rather than the therapist's perception of his own experience.

Additional data revealed that where both clients and therapists perceived their relationship in positive terms, a majority of clients were later identified as much improved. When the clients' ratings were relatively high and the therapists' relatively low, only 50% of the clients were rated improved. When the therapists' ratings of self were high but the clients' were low, less than half of the clients were judged improved. When both the therapists' and clients' ratings of the conditions were low, only a small fraction of clients were improved. The best prediction of client improvement obtained was when clients' and therapists' perceptions of their relationship were positive. These results supported the long-term importance of high levels of perceived counselor behavior between counselor and client for constructive client change. They suggested that "the client's perception of the therapist's response is more directly related to therapeutic change than the therapist's actual response as he himself experiences it (p. 27)."

Barrett-Lennard's (1962) data seemed to provide an empirical link between the significance of perceived counselor behavior and the importance of mutually perceived high levels of such behavior. Moreover, the data appeared to argue strongly for the necessity of positive perceptions of the counselor's behavior for client change even when therapists' perceptions were lower.

The foregoing section has demonstrated the apparent confusion and inconsistency of results in comparative studies of perceived counselor behavior. Methodological differences, such as counselors at a variety of levels of competence and experience, dependent measures based on varying theoretical orientations, comparisons based on different amounts of therapeutic contact, varying severity and intensity of counseling problems, and questionable quantitative analyses have contributed to the equivocal results in this area of process inquiry in counseling. These are only several of the confounding factors that make predictions about perceptual similarities difficult to establish. Despite the empirical irregularities, the significance of perceived counselor behavior for client improvement seems apparent.

Hopefully, this study will shed additional light on this area of study with the aim of providing a base for subsequent research that may help unwind the perplexity surrounding perceptions of different participants in counseling. Additionally, research into the relationship among variables, dimensions, and conditions from seemingly disparate theoretical orientations may help clarify the ingredient(s) of perceived counselor behavior. The possibility of a general factor of perceived

counselor behavior remains an exciting theoretical and empirical question.

CHAPTER III

Method

Subjects

Counseling interviews with forty different clients were rated by each client, observer, and respective counselor. Interviews thus constituted the units of analysis.

Counselors. All interviews were conducted by nine fulltime professional staff members of a Midwestern outpatient mental health center. These members included three Ph.D. level clinical psychologists, one Ph.D. level counseling psychologist, two M.A. (ACSW) level psychiatric social workers, two pre-doctoral interns in clinical psychology, and one B.A. level substance abuse counselor with specialized training in drug abuse counseling.

The four psychologists were males, each with a minimum of five years of professional counseling experience (\bar{X} =8.2 yrs.). Each psychiatric social worker had a minimum of five years of counseling experience (\bar{X} =5.5 yrs.); one was male, the other female. The two male interns had a minimum of two years clinical experience, not including their internship training (\bar{X} =2.5 yrs.). The substance abuse counselor, who was female, had a minimum of two years of counseling experience. In all, there were nine counselors; seven were males and two were females. The mean age of counselors was 34.3 years with a

range from 25-46 years. However, since all counselors did not conduct the same number of sessions, the weighted mean age of counselors was 32.2 years. Psychologists (including interns) conducted 24 out of the 40 interviews, or 60% of the interviews. Similarly, social workers accounted for 25% of the total number of sessions and the substance abuse counselor, 15%. Male counselors accounted for 68% of the total number of sessions, and females 32%. The mean duration of counseling sessions was approximately 47 minutes, with a range from approximately 35-80 minutes.

At the conclusion of the data collection, each counselor was interviewed by E and asked to fill out the Therapist Rating Form (TRF; Paul, 1966). The TRF was designed to yield descriptive information about the preferred orientation of each counselor and the degree to which each used various counseling strategies, techniques, etc., as well as each counselor's description of important process and outcome variables in counseling (See Appendix B).

The counselors in this study did not fall into any one theoretical orientation. All saw themselves as eclectic, both theoretically and practically, although there appeared to be a trend toward rational-emotive and cognitive-behavioral approaches in conceptualizing treatment methods and goals. As such, authors such as Ellis, Meichenbaum, Mahoney, Bandura, and Beck were often noted as being most influential in these counselors' current modes of practice. No counselors listed preferences for client-centered approaches to counseling.

After each session, the counselor was asked to indicate the general orientation employed in that session. Of the 40 sessions, 14 were described as "cognitive/behavioral"; 8 as "rational/emotive"; 8 as "supportive"; 5 as "strictly behavioral"; 3 as "phenomenological/humanistic"; and 2 as "nondirective/client-centered."

Fifty-eight percent of the interviews were first counseling sessions (23 out of 40), thirteen percent were second sessions (5 out of 40), and ten percent were third sessions (4 out of 40). The other eight sessions ranged from the fifth interview to the twenty-fourth. In only two cases was the observed interview more than the tenth session.

Clients. Each of the forty clients was seen individually, but since the number of clients exceeded the number of available counselors, all counselors conducted several sessions, each with a different client. The mean age of clients was 30.6 years, with a range from 16 to 50 years. There were 25 female clients and 15 male clients. All clients had been diagnosed as manifesting variant forms of neurosis.

Interviews were not selected in a purely random fashion, since time and scheduling limitations precluded this method of sampling. However, interviews were sampled as unsystematically as possible, with the E selecting a particular therapist each day from those available by picking a pre-assigned counselor number at random from a list of numbers. However, sometimes this was not possible because there were days when only one or two counselors were available because

others were at satellite clinics. E always selected a particular client (who satisfied the selection criterion as neurotic) at random from among those being seen on that day by that counselor and then permission was sought from the client. This method was laborious, but it seemed there was no other practicable way to conduct the investigation in this setting. In any case, it would seem plausible to assume that this sample of interviews is generalizable to interviews in general with this "type" of counseling population.

Three prospective clients did decline to participate in the study. In those cases, all were concerned about losing confidentiality (perhaps irrationally so) despite procedures designed to insure anonymity.

Observers. Five staff psychologists served as interview observers. The mean age of observers was 39.4 years, with a range of 31-48 years. Attempts were made to have each observer observe equal numbers of sessions, but this did not occur precisely. Each observer did rate a minimum of six sessions, and one observer rated ten sessions.

Instruments

Perceived counselor behavior was assessed by the Counselor Rating Form (CRF), developed by Barak and LaCrosse (1975) to measure the dimensions of perceived counselor behavior of expertness, attractiveness, and trustworthiness as proposed by Strong (1968) and defined by Kaul and Schmidt (1971), Strong and Dixon (1971), and Strong and Schmidt (1970a, 1970b) (See Appendix B).

The CRF consists of 36 seven-point bipolar items. Each dimension of perceived counselor behavior is measured by 12 items. The possible range of scores for each dimension thus varies from a minimum of 12 to a maximum of 84. LaCrosse and Barak (1975) reported reliability coefficients (Spearman-Brown method) of .87 for expertness, .85 for attractiveness, and .91 for trustworthiness. The CRF has also been shown to be capable of discriminating both between and within counselors on the various dimensions (Barak and Dell, 1976; Claiborn, 1975; Kerr, 1975; LaCrosse and Barak, 1975).

Perceived counselor behavior was also measured by the Barrett-Lennard Relationship Inventory (BLRI, Barrett-Lennard, 1962). The BLRI was developed to measure perceived dimensions of counselor response as causal factors in therapeutic change along traditional client-centered variables. The original inventory consisted of ninety-two items intended to assess empathic understanding, level of regard, unconditionality of regard, congruence, and willingness to be known. Each item varies along a six point continuum from "I strongly feel that it (a particular statement) is not true" (-3) to "I strongly feel that it is true" (+3). A total score for each dimension is derived by taking the algebraic sum of the scores on positively and negatively worded items comprising a particular dimension (See Appendix B).

More recent forms of the BLRI have used a total of sixty-four items to assess only four of the original dimensions. Items for the "willingness to be known" scale were eliminated because they were

unable to discriminate between expert and nonexpert therapists from either client- or therapist-based perceptions (Barrett-Lennard, 1962). Barrett-Lennard's data strongly suggested that there was little reason to consider willingness to be known as a separate variable and, as such, these items were removed from the Relationship Inventory.

The BLRI scales have been demonstrated to yield the following test-retest reliabilities: Empathic Understanding, $r=.89$; Congruence, $r=.86$; Level of Regard, $r=.84$; Unconditionality, $r=.90$. Across scales, the total test-retest reliability was .95 (Barrett-Lennard, 1962).

In this study, the above mentioned four BLRI variables were assessed and related to the social influence dimensions of expertness, attractiveness, and trustworthiness. Three forms of the BLRI (forms OS-64, MO-64, and a new observer form), each containing 64 items, were employed - one for the client, counselor, and observer. The only differences among the three forms were the nouns in the items which referred to the client, the counselor, and the observer. One additional alteration in the BLRI was made. When the BLRI was developed (Barrett-Lennard, 1962), it was used to measure client perceptions of the counselor along the various dimensions based on five or more interviews. As such, the items are usually worded in the present tense and require the client to recall previous experiences with the counselor that are part of the present ongoing therapeutic relationship. In the present study, however, all participants were

asked to respond to the BLRI items based on an interview just completed. Since the observer only had access to one session per client he was required to base his perceptions of the counselor's behavior only on that single session. Similarly, the client and counselor responded to the instruments from that session only. All items were thus worded to refer only to the session just completed. This entailed changing the verb tense in each item to the past tense instead of the present tense in which the BLRI is usually worded. This presumably helped the participants respond to each item in terms of the immediately preceding interview. Instructions on the BLRI were also worded to indicate the importance of responding to the items based on the immediately preceding session (See Appendix B). Permission to use the BLRI and to make these minor alterations was granted by its author.

Procedure

Before the interview, each prospective client was asked for his or her cooperation by the particular counselor involved on that occasion. If a client agreed to participate, a clinic secretary then requested that the client read a brief explanation of the reason for observation and grant permission in writing to be observed on that date. The counselor and client then went to an observation room.

The clinic secretary was then given three copies of the CRF and BLRI, two of each for the client, for the observer, and for the counselor all in separate envelopes. A letter was attached to the client's envelope which explained the nature of the research, and

assured that only the researcher (who was not a therapist for any clients) would see the client's ratings of the counselor (See Appendix A). Confidentiality of client ratings was also ensured by the fact that ratings were anonymous. All sessions were directly observed through a one-way mirror. No recordings of the sessions were made.

Immediately after each interview, the CRFs and BLRIs were completed independently by the client, observer, and counselor. Participants did not discuss the session before completing the forms. The client was asked to seal and return the completed forms to the secretary in the clinic and not to the counselor. Each CRF and BLRI set had different, matching numbers in order to identify the three rating sources from the same interview.

Assessment of the "typicalness" of each session providing the data seemed necessary and methodologically appropriate. This was accomplished by asking both client and counselor to rate the interview on two scales from one to five regarding its degree of similarity-dissimilarity with previous sessions. Of course, this measure was appropriate only when the client and counselor were observed in other than a first session, which accounted for less than half of all sessions (See Appendix B).

Design and Analysis

Each interview was thus rated by three different raters on each dimension. Since these dimensions are known to be intercorrelated (LaCrosse and Barak, 1975; Barrett-Lennard, 1962), and each set of

ratings came from the same interview, ANOVA designs correcting for dependent measurements were employed.

One ANOVA employed a 3 x 3 design, with three levels of observers (clients, counselors, and observers) and three levels of perceived counselor behavior (i.e., expertness, attractiveness, and trustworthiness; For a similar design, see Barak and LaCrosse, in press). The remaining ANOVA employed a 3 x 4 design, again with three levels of observers but four levels of perceived counselor behavior (i.e., the four BLRI dimensions).

To test the hypotheses regarding relationships between and within dimensions and raters, correlational matrices were generated and relationships were tested for statistical significance. Post-hoc criteria (more stringent) were used where tested hypotheses did not represent directional predictions; otherwise, a priori significance criteria were used.

CHAPTER IV

Results

Before considering the major analyses, the results of preliminary analyses will be discussed. It will be recalled that 23 of the 40 observed interviews were first sessions. However, the question of possible differences between raters due to differential familiarity for the remaining 17 sessions warranted analyses of "typicalness" ratings for these sessions. There were no significant differences between ratings of perceived session typicalness. Both clients and counselors perceived counselors' behavior as "typical" (\bar{X} s=4.29 and 3.94, respectively, $p > .05$). Similarly, clients and counselors perceived clients' interview behavior as "typical" (\bar{X} s=4.01 and 4.06, respectively, $p > .05$). Thus, in interviews where the question of typicalness was appropriate, participants agreed that their behavior in these sessions was similar to previous sessions. Hence, it seems unlikely that any obtained differences between raters was due to some clients' past experience (i.e., familiarity) with some counselors.

Preliminary analyses were also performed to examine differences in the ratings of clients and observers for psychologists vs. social workers vs. the substance abuse counselor. Fourteen one way analyses of variance revealed that, in no case, did raters award higher ratings on any dimension to one group of counselors versus another (all p s $> .05$)

(See Appendix C).

CRF Dimensions

Table 1 presents the means and standard deviations of CRF scales for each rating source. As in previous research with the CRF (e.g., Barak and LaCrosse, 1975; LaCrosse and Barak, 1976; Barak and LaCrosse, in press), scores are relatively high across dimensions and raters. Generally, observers demonstrated greater variability in their ratings of counselors regardless of dimension. The most striking aspect of the data in Table 1 is the uniformly high ratings awarded counselors by clients. Clients consistently rated counselors highest, followed by counselor ratings of themselves. Observers rated counselors consistently lowest on each dimension.

Table 2 summarizes the analysis of variance for ratings on the CRF. The main effects evident in Table 1 for rating source and dimensions are significant beyond the .001 level of confidence. As predicted, clients rated counselors higher on each dimension of perceived behavior than did counselors or observers ($p < .01$ using Dunn's a priori procedure). Similarly, but contrary to prediction, counselors rated themselves higher on each dimension than did observers ($p < .01$ using Dunn's a priori procedure). It should be noted that all tests reported herein for mean differences employed conservative degrees of freedom, i.e., a higher criterion value is required for significance. With an analysis of variance involving dependent measures where there are more than two levels of the dependent factor, conventional degrees of freedom yield an F -ratio that may be

Table 1

Means and Standard Deviations of Counselor Rating
Form Scales By Rating Source^a

Dimension		Rating Source		
		Client	Counselor	Observer
Expertness	M	75.30	66.35	61.20
	SD	8.19	7.07	11.26
Attractiveness	M	74.35	65.80	60.32
	SD	10.57	6.67	9.65
Trustworthiness	M	77.82	68.68	63.50
	SD	9.53	6.60	10.97

^a
n = 40 per cell

Table 2

Summary of ANOVA of Rating Source
and CRF Dimensions^a

Source	<u>df</u>	SS	MS	<u>F</u>	<u>p</u>
A (Rating Source)	2	12274.96	6137.48	37.52	<.001
B (Dimensions)	2	655.51	327.75	12.37	<.001
S (Interviews)	39	9824.31	251.91		
AB	4	4.01	1.00	0.04	ns
S/A	78	12759.27	163.58		
S/B	78	2066.72	26.50		
S/AB	156	4518.43	28.96		

^a All F-tests employed the conservative Geisser-Greenhouse (1958) correction for dependent measures in determining degrees of freedom (df = 1, 39).

positively biased because the assumption of homogeneity of covariance may be violated (Myers, 1972). Geiser and Greenhouse (1958) recommended that, in such cases, conservative degrees of freedom be used to determine the critical value of the F-ratio (in this case, df= 1, 39).

These results are contrary to those of Barak and LaCrosse (1976) who found that, although clients tended to rate counselors highest, counselors rated themselves lowest, while observers maintained an intermediate position. In this study, conducted in a professional setting (i.e., non-practicum), a consistent linear relationship emerges among raters with clients highest followed by counselors and observers respectively, for each CRF variable.

BLRI Dimensions

It may be recalled that scores on the Relationship Inventory vary from +3 ("I strongly feel that it is true") to -3 ("I strongly feel it is not true"). This scaling technique yields scores on each dimension that range from a possible +48 to -48. Because negative numbers are awkward to work with from a statistical point of view, all scores were made positive by adding a constant to each. The lowest score received by a counselor on any BLRI dimension was -29. It was decided, therefore, to add a constant of +30 to every score so any other negative scores would be eliminated.

Table 3 presents the means and standard deviations of BLRI scales for each rating source. As for results of the CRF, scores are generally high across raters and dimensions (range from 1 to 78, the

Table 3

Means and Standard Deviations of Barrett-Lennard
Relationship Inventory Scales By Rating Source ^a

Dimension		Rating Source		
		Client	Counselor	Observer
Empathic Understanding	M	59.48	45.30	36.08
	SD	12.73	8.17	17.09
Congruence	M	66.30	52.05	38.55
	SD	9.92	8.27	17.66
Level Of Regard	M	65.20	55.40	48.78
	SD	9.43	10.01	17.90
Unconditionality Of Regard	M	46.73	36.85	35.53
	SD	13.80	9.31	15.87

^a
n = 40 per cell

maximum score possible). Again, observers' ratings evidence greater variability than clients' or counselors'. Generally, the data from the BLRI show a striking similarity to those from the CRF. Client ratings are consistently highest with observers' consistently lowest, and counselors' occupying a point midway between the means for clients and observers.

Table 4 summarizes the analysis of variance for ratings of the BLRI. All sources tested were significant, again employing conservative criterion values. As hypothesized, clients rated counselors significantly higher on each dimension of the Relationship Inventory than did observers or counselors ($p < .01$ using Dunn's a priori procedure). Also, counselors rated themselves higher on each BLRI variable than observers rated them, except for unconditionality of regard ($p < .01$ for differences on empathy and congruence; $p < .05$ for level of regard; all employing Dunn's a priori procedure).

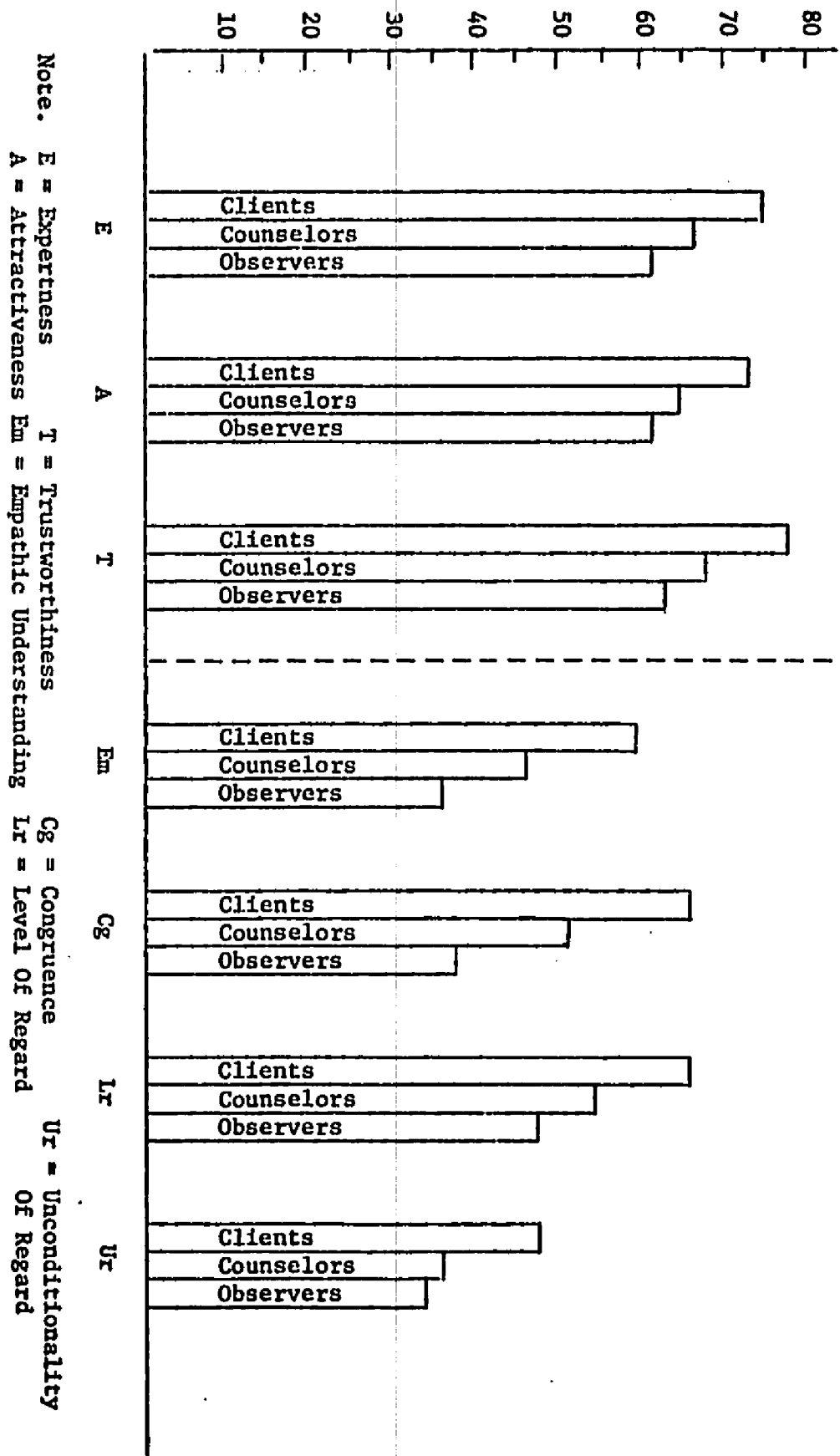
To summarize the results of the analyses of variance for ratings of both the CRF and BLRI, significant main effects for raters and dimensions were found for both, along with a significant interaction for ratings of counselors on the BLRI. This interaction was obviously ordinal in nature and thus allowed for rather straightforward interpretation of the main effects for raters. Figure 1 shows that the magnitude of the differences among clients', counselors', and observers' ratings on the CRF remains constant across the three variables. However, the magnitude of the differences among clients', counselors', and observers' ratings on the BLRI changes across the four variables.

Table 4

Summary of ANOVA of Rating Source
and BLRI Dimensions ^a

Source	<u>df</u>	SS	MS	<u>F</u>	<u>p</u>
A (Rating Source)	2	31533.55	15766.78	46.79	<.001
B (Dimensions)	3	18854.61	6284.87	61.10	<.001
S (Interviews)	39	26480.75	678.99		
AB	6	3440.96	574.16	9.14	<.01
S/A	78	26281.95	336.95		
S/B	117	12035.81	102.87		
S/AB	234	14692.87	62.79		

^a All F-tests employed the conservative Geisser-Greenhouse (1958) correction for dependent measures in determining degrees of freedom (df = 1, 39).



Note. E = Expertness T = Trustworthiness Ur = Unconditionality
 A = Attractiveness Em = Empathic Understanding Lr = Level Of Regard Of Regard

Figure 1

Mean Values of Client, Counselor, and Observer Ratings of the CRF and BIRI

This variation was sufficient to create the observed significant interaction in the analysis of BLRI scores.

It may seem that the main effect for dimensions in each ANOVA has been ignored. There is little substantive value in observing differences between the various dimensions when one collapses across raters. Beyond this, even if one studies the simple effects for dimensions, there seems to be little practical value in knowing that one variable is rated higher than another without specifying who is doing the rating. The only value in looking at the differences between the dimensions per se is they suggest that, although responding to one item may influence responding to another, differences still emerge between the relative values for each dimension.

Correlational Analyses

Table 5 presents the correlations between CRF and BLRI dimensions for client, counselor, and observer ratings. Contrary to the null hypotheses advanced in Chapter I, many of the correlations among perceived counselor expertness, attractiveness, and trustworthiness and the BLRI variables were significant, but surprisingly, for only client and observer ratings. For client ratings, significant correlations were found between perceived expertness and empathic understanding ($r=.734$; $p < .01$); expertness and congruence ($r=.573$; $p < .05$); and between expertness and level of regard ($r=.723$; $p < .01$). Ratings of perceived attractiveness correlated significantly with empathy ($r=.735$; $p < .01$), congruence ($r=.666$; $p < .01$), and level of regard ($r=.694$; $p < .01$). Similarly, ratings of trustworthiness

Table 5

Correlations Between CRF and BLRI Dimensions for Clients',
Counselors', and Observers' Ratings

Rating Source									
Dimension	Client (n=40)			Counselor (n=40)			Observer (n=40)		
	E	A	T	E	A	T	E	A	T
Em	.734**	.735**	.705**	.272	.206	.114	.419	.518#	.464
Cg	.573*	.666**	.638**	.263	.121	.290	.731**	.669**	.770**
Lr	.723**	.694**	.625**	.120	.367	.413	.557*	.643**	.643**
Ur	.472	.250	.304	.387	.089	.061	.428	.483#	.459

Note. E = Expertness Cg = Congruence
 A = Attractiveness Lr = Level Of Regard
 T = Trustworthiness Ur = Unconditionality
 Em = Empathic Of Regard
 Understanding

* $p < .05$ where alpha is divided by the total number of correlations tested; Required $\underline{r} = .523$

** $p < .01$; Required $\underline{r} = .590$

Significant using less stringent a priori criterion; Required $\underline{r} = .465$

correlated with empathy ($\underline{r}=.705$; $p < .01$), congruence ($\underline{r}=.638$; $p < .01$), and level of regard ($\underline{r}=.625$; $p < .01$). Again, a stringent criterion for significance was used to test the significance of all correlations involving non-directional hypotheses. Where correlations were examined post-hoc for significance, the alpha-level of .05 was determined by the total number of correlations tested (i.e., twelve for each rating source).

For counselor ratings, no significant correlations were observed. This result was very interesting and surprising. The highest obtained correlation was only .413 between ratings of trustworthiness and level of regard.

For observer ratings, eight of the twelve correlations were significant. Perceived expertness correlated significantly with congruence ($\underline{r}=.731$; $p < .01$), and level of regard ($\underline{r}=.557$; $p < .05$). Attractiveness correlated significantly with empathy, congruence, level of regard, and unconditionality of regard (See below). Trustworthiness correlated significantly with congruence ($\underline{r}=.770$; $p < .01$), and with level of regard ($\underline{r}=.643$; $p < .01$).

The correlational data for client and observer ratings suggest the possibility of the existence of a strong common factor of perceived counselor behavior. It would appear there is evidence to suggest that these variables are measuring the same rather than different phenomena. There also appears to be considerable overlap or redundancy among these dimensions. These data bear directly to some of the principal theoretical questions of this investigation.

Additional hypotheses predicted a significant positive correlation between ratings of perceived counselor attractiveness and perceived counselor empathic understanding, congruence, and unconditionality of regard for counselors', clients', and observers' ratings. Five of these nine hypotheses were supported. As noted for client ratings, there were significant positive correlations between attractiveness and empathy ($r=.735$; $p<.01$), attractiveness and congruence ($r=.666$; $p<.01$), and attractiveness and level of regard ($r=.694$; $p<.01$). Similarly, there were significant correlations for observers' ratings between attractiveness and empathy ($r=.518$; $p<.05$), attractiveness and congruence ($r=.669$; $p<.01$), attractiveness and level of regard ($r=.643$; $p<.01$), and attractiveness and unconditionality of regard ($r=.483$; $p<.05$). No significant relationships were observed for counselor ratings. The data for client and observer ratings represent the first known test (and support) for Strong's (1968) suggestion regarding the creation of attractiveness through empathy and unconditional regard.

To determine if the various correlations between clients and counselors, clients and observers, and counselors and observers were significantly different, Fisher's r to z transformation was used to compare each significant correlation. Tests of the difference between the correlations of client ratings vs. those of counselor ratings were all significant ($p<.05$) except the client correlation between trustworthiness and level of regard ($r=.625$) vs. the same correlation of the counselor ($r=.413$). Of course, in every other case, the

correlations for client ratings were significantly higher than those for observers'.

Tests of the difference between the correlations of client ratings vs. those of observer ratings were significant for the correlations between expertness and empathy (client \underline{r} greater than observer \underline{r} , $\underline{z}=2.11$, $\underline{p}<.02$) and trustworthiness and empathy (again, client \underline{r} greater than observer \underline{r} ; $\underline{z}=1.67$; $\underline{p}<.05$).

Tests of the difference between correlations of counselor ratings vs. those of observer ratings were all significant except the counselor \underline{r} between trustworthiness and level of regard ($\underline{r}=.413$) versus the same correlation of the observer ($\underline{r}=.643$). In all other cases, the correlations for observers' ratings significantly exceeded those for counselors' ratings ($\underline{p}<.05$).

Table 6 gives the correlations among clients, counselors, and observers within each of the seven dimensions. These results were generally disappointing. In only four of twenty-one cases did the magnitude of the correlation prove to be significant. Although it is possible that any or all of these correlations might represent no more than chance variation, significant \underline{rs} were obtained only between client and observer ratings within the dimensions of perceived trustworthiness, empathy, congruence, and level of regard. There was, thus, greater agreement between clients and observers and no agreement between counselors and clients or counselors and observers. These data indicate that on some variables within sessions, ratings of clients and observers tended to move up and down together, perhaps

Table 6

Correlations Among Ratings of Clients, Counselors, and Observers
 Within Each of the CRF and BLRI Dimensions

Dimension	Expertness		Attractiveness		Trustworthiness		Empathic Understanding		Congruence		Level Of Regard		Unconditional-ity Of Regard	
	Cl	Co	Cl	Co	Cl	Co	Cl	Co	Cl	Co	Cl	Co	Cl	Co
Co	-.034		-.027		-.103		.120		.297		.300		.248	
Ob	-.007	-.004	.233	.272	.378*	.277	.521*	.195	.384*	.360	.510*	.230	.139	.214

Note. Cl = Client
 Co = Counselor
 Ob = Observer

*
 $p < .05$

$n = 40$ per cell

r required for significance with 38 $df = .377$

suggesting greater accuracy on their respective parts.

Table 7 reveals the intercorrelations among the CRF and BLRI dimensions for clients', counselors', and observers' ratings. Another similar pattern emerges in that client correlations are highest, counselors' are lowest, and observers' fall midway between those of clients' and counselors'. These data yield measures of internal consistency for the CRF and BLRI scales. For ratings by clients and counselors, it is evident that the social influence dimensions tapped by the CRF continue to relate very highly among each other. Similarly, most of the intercorrelations for the BLRI dimensions covary highly. The magnitude of these relationships continues to suggest the commonality shared by each set of variables within themselves, and, for the BLRI variables, is directly contrary to the data presented by Barrett-Lennard (1962) that these dimensions can be reliably differentiated.

Table 7

Intercorrelations Within the CRF and BLRI Dimensions
For Clients', Counselors', and Observers' Ratings

BLRI Dimensions	Rating Source								
	Client (n=40)			Counselor (n=40)			Observer (n=40)		
	Em	Cg	Lr	Em	Cg	Lr	Em	Cg	Lr
Cg	.789**			.475			.668**		
Lr	.790**	.715**		.249	.377		.545*	.807**	
Ur	.432	.223	.405	.187	.043	.129	.594**	.682**	.625**
CRF Dimensions	E	A		E	A		E	A	
A	.786**			.234			.662**		
T	.742**	.816**		.315	.574**		.730**	.694**	

Note. Em = Empathic Understanding
 Cg = Congruence
 Lr = Level Of Regard
 Ur = Unconditionality Of Regard
 E = Expertness
 A = Attractiveness
 T = Trustworthiness

* $p < .05$ where alpha is derived by the total number of variables tested; Required $r = .499$ for BLRI dimensions (6) and .433 for CRF dimensions (4)

** $p < .01$; Required $r = .567$ for BLRI dimensions and .509 for CRF dimensions

CHAPTER V

Discussion

Although the data depart from predictions and present some rather curious results in several instances, the major hypotheses of this investigation were supported. Generally, the data indicated that possible confounding influences due to differential familiarity and atypicalness of sessions were insignificant. It seemed highly unlikely that these factors could have contributed to the obtained differences between raters in any consistent, systematic fashion.

Data from preliminary analyses also indicated that clients' and observers' ratings of counselors were not related to counselors' professional affiliation. Since the observers were all doctoral-level psychologists, one might have expected that perhaps they might give members of their own profession higher ratings. That this did not occur suggests that observers, at least, perceived colleagues with varying levels of training to be equally well described along the dimensions measured in this study. Perhaps, surprisingly, no differences were found in the ratings by clients or observers between the B.A. level substance abuse counselor, M.A. level social workers, or Ph.D. level psychologists. Although the substance abuse counselor yielded scores based on only 5 sessions, she was perceived to be

equivalent to her more educationally advanced colleagues on every variable studied. Of course, it is possible that this counselor received high scores independent of her degree of training, that is, that her skills were unrelated to formal academic training. This result is reminiscent of several studies that have found lower level or "paraprofessionals" to be "equal" to more highly trained professionals on various process dimensions such as accurate empathy and congruence (e.g., Carkhuff, 1969, 1972a, 1972b; Chinsky and Rappaport, 1971; Durlak, 1973; Sobey, 1970). The present finding, however, should be interpreted cautiously because it is based on data from a small number of interviews.

Social Influence Dimensions (CRF)

The data presented in Table 1 and Table 2 supported the prediction that clients would rate counselors highest on the dimensions of perceived expertness, attractiveness, and trustworthiness. Unlike the findings of Barak and LaCrosse (in press), counselors did not rate themselves lowest on any variable. Observers' ratings were consistently and significantly lower than those of counselors'. Thus, Hypothesis 2 was disconfirmed. Counselors' ratings were consistently and significantly lower than those awarded them by clients, supporting Hypothesis 1.

It is not totally surprising that counselors in this study did not rate their own behavior lower than observers. In the Barak and LaCrosse (in press) study, the counselors were practicum students who might understandably protect themselves with low ratings when observed

by supervisors. With a professional sample of counselors, it seems likely they might affirm their own perceived competence by attributing higher ratings to themselves on the various items of the CRF.

In the present study, all observers were more variable than counselors or clients in their ratings, sometimes giving very high and very low ratings. Observers' ratings were consistently lower than clients' and counselors' throughout. However, inspection of the data for each interview did not indicate that one or two observers pulled down ratings of counselors compared to other observers. It should be noted that even the observers' "low" scores are only relatively low and that, in an absolute scale sense, their ratings are high for each social influence dimension.

The high ratings from each rating source suggest that the counselors in this sample fared well on each measured dimension of the CRF despite the fact that none were familiar with these dimensions, nor had they received any specialized training regarding their application in counseling. This result confirms the author's hunch that these aspects of counselor self-management behavior are probably implicit in many, if not all, counseling strategies. It still remains a question if such strategies are part of "good" counseling as defined by constructive therapeutic change. Certainly, the question is an empirical one and this investigator intends to investigate this process-outcome relationship in future research.

The use of the Counselor Rating Form with non-student populations appears to be warranted. Clients, counselors, and observers reported

that the instrument was beneficial to their understanding of the client-counselor relationship, and, in some instances, enabled the client to give feedback to his or her counselor intended to enhance the degree of counseling rapport. In a clinical setting, attractiveness, expertness, and trustworthiness appear to have relevance for peer review because they provide behavioral criteria for use in feedback sessions between counselors and observer-colleagues. This information, obtained from the almost daily use of the CRF over an 18-week period, adds to the what little has been known regarding the instrument's practical utility.

Client-Centered Dimensions (BLRI)

The pattern of results described in Table 3 and tested in Table 4 revealed remarkable similarity to the results found for the CRF. Hypothesis 1 was confirmed for the BLRI dimensions while Hypothesis 2 was not supported. Only the difference between the means of counselors and observers for unconditionality of regard was not significant, indicating agreement about the magnitude of this counselor quality according to their perceptions.

Again, the consistently low ratings by observers could not be said to be due to any single or pair of observers. All observers' ratings are lower throughout the data. As with the results for the CRF, the lower scores given by observers might have easily resulted from the observers' differential experience compared to clients'. Most practicing psychologists have observed many counseling sessions throughout their academic training and professional experience. What

might have seemed tremendously empathic or sensitively genuine to the client or even the counselor, may have been perceived as less empathic or genuine than the observer had witnessed before in other settings, cases, etc. Each observer, client, and counselor probably had quite different anchor points upon which to make a judgment on any item. This confounding influence, especially for observers' ratings was not controlled for. The magnitude of such effects would seem to be most prominent between ratings of clients and those of observers. The large differences between clients and observers on every dependent measure studied may be partially explained by this experience and, therefore, knowledge discrepancy.

An important consideration in explaining the magnitude of client ratings was the psychological status of clients at the time of observation. Recall that in approximately 81 percent of the interviews, the counseling session was less than the fourth session. Fifty-eight percent were first counseling sessions. It is probably safe to say that most all clients remain in a "crisis" state well beyond three or four sessions. The fact that clients had come to a mental health center (where fees were required) suggests the strong possibility that cognitive dissonance (e.g., Goldstein et al., 1966) would have been too great for them to disparage their counselors. In addition, whatever relief was experienced already through the accoutrements of visiting a mental health agency would probably operate to enhance the clients' expectancy of some form of emotional relief. These feelings, once associated with or even attributed to the

therapist might result in high client ratings of a global nature, a kind of therapeutic "halo effect" (cf., Bergin, 1971).

Generally, the results of means analyses for the CRF and BLRI do not bear much similarity to previous studies of a similar nature, although except for Barak and LaCrosse (in press), no studies to the author's knowledge have employed the same design or analyses. These results continue to add variety to the empirical literature involving client, counselor, and observer perceptions of counselor behavior. Because of the differences across studies in levels of counselor experience and competence, design differences, sample differences, instrument differences, different amounts of therapeutic contact, and varying degrees of problem severity, uniform results would seem highly improbable (e.g., Bishop, 1971; Brown and Cannaday, 1969; Silverman, 1973). The findings, that the magnitude of obtained differences between clients and counselors was less than that between clients and observers on 6 of 7 variables, were consistent with the results of Silverman (1972), who also found high similarity between client and counselor mean ratings, using the Counseling Session Report.

Correlational Results

There were several purposes for conducting correlational analyses. A major reason involved the relationships among the social influence and client-centered dimensions for each rating source. As noted in Chapter IV, the null hypotheses were rejected for the relationships between expertness and empathic understanding, expertness and congruence, and expertness and level of regard for client ratings.

Similarly, null hypotheses were rejected for the relationships between trustworthiness and empathy, trustworthiness and congruence, and trustworthiness and level of regard. The null hypothesis was also rejected for the relationship between attractiveness and level of regard for client ratings

As predicted, based on the proposal of Strong (1968) and the author's inference about content relatedness, significant positive correlations emerged between attractiveness and empathy and attractiveness and congruence for clients' and observers' ratings, but only between attractiveness and unconditionality of regard for observers' ratings. The null hypotheses between the relationships of expertness and congruence, expertness and level of regard, attractiveness and level of regard, trustworthiness and congruence, and trustworthiness and level of regard were rejected for observer ratings. Interestingly and surprisingly, no correlations reached significance among the various dimensions for counselor ratings. Thus, none of the null hypotheses or directional hypotheses for counselor ratings were rejected.

For client and observer ratings, the relationship between attractiveness and empathy and attractiveness and congruence appeared very strong. However, many of the relationships between the social influence and client-centered variables were just as strong. These data argue in favor of a strong common factor of perceived counselor behavior even with counselors not claiming to be specifically trained on any of the dimensions. For example, when queried about their

preferred modes of therapeutic orientation, no single "school" emerged, although there was a tendency for more therapists to use rational-emotive and other cognitive-behavioral approaches. As suggested by Bergin (1971), who elected to call it the "good guy" factor, and postulated by LaCrosse and Barak (1976), this factor may be labelled perceived counselor "charisma", or perhaps, "impressiveness." Future factor analytic work seems in order with larger, different samples to accumulate stronger evidence for this notion. Nonetheless, an empirical base exists that points in the direction of a unitary factor. This factor may pertain to Strupp's (1973) second "ingredient" of psychotherapy, the creation of a power base from which the therapist develops strong influence potential.

The difference in the size of the correlations between clients and counselors and counselors and observers suggests that counselors agreed much less about relatedness of the various dimensions measured and, in fact, may be less accurate judges of their own interview behavior when compared to clients and counselors (See Tables 5 and 6). Table 6 indicates there was only agreement between clients and observers within trustworthiness, empathy, congruence, and level of regard. No agreement was found between clients and counselors or between counselors and observers. This pattern is not a new finding. McIlvaine (1972) found there was a greater degree of similarity between clients' and observers' perceptions of counselor behavior using the Counseling Evaluation Inventory (Linden et al., 1965). Kaul, Kaul, and Bednar (1973) found that counselors were the least accurate judges of their

own behavior in a study investigating counselor confrontation and client self-exploration. Horenstein et al., (1973) found that clients and counselors did not agree about the progress made in counseling and that clients and observers agreed more closely. Although dealing with judgments of perceived progress is admittedly quite different from rating one's perceived expertness or congruence, the fact remains that counselors did not agree with clients or with observers along any selected measures.

Table 7 presents data comparable to that presented by LaCrosse and Barak (1976) for the Counselor Rating Form and by Barrett-Lennard (1962, 1966) for the Relationship Inventory. The intercorrelations for the CRF and BLRI for client and observer ratings suggest, again, a high degree of relatedness within each set of variables suggestive of the possibility of a common component of perceived counselor behavior. In addition, client and observer ratings appear to be more internally consistent (i.e., reliable) than counselor ratings. It is evident that there was less variation among counselors in their ratings of the CRF and BLRI which probably attenuated the magnitude of the correlations somewhat (See Tables 1 and 3).

The general lack of agreement between clients and counselors and counselors and observers along these process dimensions highlights the need for greater explicit and behaviorally-anchored exchange between them. Especially in regard to counselor training it would seem very important to arrange for feedback between clients and counselors in addition to the usual counselor-observer or

supervisor feedback session. Clients have important, positive things to say about their counselors, whether they be clients in a clinical setting or in a college setting with counselors-in-training (e.g., Barak and LaCrosse, in press; Brown and Cannaday, 1969; Horenstein et al., 1973). The availability of instruments like the CRF, BLRI, and Counseling Evaluation Inventory make it possible to base feedback between participants on more detailed, concrete, and observable counselor behaviors rather than the more common non-specific, more global feedback usually given in such sessions. These seem to represent some of the methodological advantages to the use of formal descriptive instruments in counseling observation and supervision. A major, though as of yet, unanswered question involves the problem of relating all of the above variables to specific, behavioral outcome criteria. Then, and only then, in the author's opinion, will the use of such instruments based on process research justify the amount of professional time, money, and effort that has been expended in their behalf.

Notwithstanding the above criticism, at this point it is instructive and helpful to know that clients do perceive their counselors as expert, attractive, trustworthy, empathic, genuine, unconditional, and as expressing high levels of interpersonal regard for them. This means that counselors, as professional and socially sanctioned helpers can create the necessary conditions for attracting clients to counseling with an increased likelihood of deeper client involvement and, ultimately, desired client change (Strong, 1968). It also

seems likely that counselors of many different theoretical and practical persuasions can express behaviors basic to creating a good therapeutic impression with their clients without having to be consciously aware of the various behaviors unique to and overlapping each dimension of counselor influence. Perhaps to be one or two means to be all, in a behavioral sense.

The importance of positive client perceptions early in counseling probably cannot be over emphasized. Although only subsequent, solid research can ultimately resolve the outcome question, this study appears to point toward tentative responses regarding which variables of perceived counselor behavior look promising to relate to outcomes in counseling and psychotherapy.

The Investigation and Its Impact on Staff: Some Comments

By way of feedback, I would like to briefly discuss some of the reactions from the staff of the community mental health center wherein this study was conducted. Throughout the research, the staff was very supportive and curious about the study's hypotheses and made sure a full accounting was given them when the data collection phase had been completed. They were interested in learning about the various dependent variables and how to conceptualize them in terms of their own everyday counseling experience. Perhaps, the most significant aspect of this research in a field setting was witnessing the positive effects it seemed to have on staff relationships and professional development. Each counselor found the CRF and BLRI useful in thinking about how to manage verbal and nonverbal behavior in counseling. This

led to concern for the importance of congruence between these communication channels and what behaviors might constitute such congruence. Recent studies by Kaul and Schmidt (1971) and Graves and , Robinson (1976) were met with enthusiasm. It was an exciting experience to see staff members in a professional setting respond so positively and underscore the importance of conducting field research. Such research seems to enhance the communication between professional mental health workers and those primarily conducting research. Mutual positive effects could improve the quality of research as well as the quality of professional services.

When I left the agency, staff members were talking about the need for more peer observation and feedback, using the CRF, particularly. If this research has had an impact of this nature on the staff, then the accusation that little research generated in academia is ever applied to the "real" world might be less tenable and more meaningful to the service of clients.

References

- Alexik, M., & Carkhuff, R.R. The effects of the manipulation of client depth of self-exploration upon high and low functioning counselors. Journal of Clinical Psychology, 1967, 23, 212-215.
- Atkinson, D.R., & Carskaddon, G. A prestigious introduction, psychological jargon, and perceived counselor credibility. Journal of Counseling Psychology, 1975, 22, 180-186.
- Back, K.W. Influence through social communication. Journal of Abnormal and Social Psychology, 1951, 46, 9-23.
- Barak, A., & Dell, D.M. Differential perceptions of counselor behavior: Replication and extension. Unpublished Manuscript, The Ohio State University, 1976.
- Barak, A., & LaCrosse, M.B. Multidimensional perception of counselor behavior. Journal of Counseling Psychology, 1975, 22, 471-476.
- Barak, A., & LaCrosse, M.B. Comparative perceptions of practicum counselor behavior: A process and methodological investigation. Counselor Education and Supervision, in press.
- Barrett-Lennard, G.T. Dimensions of therapist response as causal factors in therapeutic change. Psychological Monographs, 1962, 76, (43, Whole No. 562).
- Barrett-Lennard, G.T. The Relationship Inventory, forms 05-M-64, 05-F-64, MO-M-64, and MO-F-64. Armidale, New South Wales, Australia: University of New England, 1964. (Lithograph)
- Bergin, A.E. The evaluation of therapeutic outcomes. In A.E. Bergin and S. L. Garfield (Eds.), Handbook of psychotherapy and behavior change. New York: Wiley, 1971.
- Berscheid, E., & Walster, E. Interpersonal attraction. Reading, Mass.: Addison-Wesley, 1969.
- Bishop, J. B. Another look at counselor, client, and supervisor ratings of counselor effectiveness. Counselor Education and Supervision, 1971, 10, 319-323.

- Brock, T.C. Communicator-recipient similarity and decision change. Journal of Personality and Social Psychology, 1965, 1, 650-657.
- Brown, D., & Cannaday, M. Counselor, counselee, and supervisor ratings of counselor effectiveness. Counselor Education and Supervision, 1969, 8, 113-118.
- Burstein, J.W., & Carkhuff, R.R. Objective, therapist, and client ratings of therapist-offered facilitative conditions of moderate to low functioning therapists. Journal of Clinical Psychology, 1968, 24, 240-241.
- Byrne, D. Interpersonal attraction and attitude similarity. Journal of Abnormal and Social Psychology, 1961, 62, 713-715.
- Carkhuff, R.R. Helping and human relations. Volumes I & II. New York: Holt, Rinehart, and Winston, 1969.
- Carkhuff, R.R. The development of systematic human resource development models. Counseling Psychologist, 1972, 3, (3), 4-11. (a)
- Carkhuff, R.R. New directions in training for the helping professions: Toward a technology for human and community resource development. Counseling Psychologist, 1972, 3, (3), 12-30. (b)
- Carkhuff, R.R., & Alexik, M. Effect of client depth of self-exploration upon high and low functioning counselors. Journal of Counseling Psychology, 1967, 14, 350-355.
- Carkhuff, R.R., & Berenson, B.G. Beyond counseling and therapy. New York: Holt, Rinehart, and Winston, 1967.
- Chinsky, J.M., & Rappaport, J. Evaluation of a technique for the behavioral assessment of nonprofessional mental health workers. Journal of Clinical Psychology, 1971, 27, 400-402.
- Claiborn, C.D. The effects of pre-session information on the perception of the counselor in an interview. Unpublished Master's thesis, The Ohio State University, 1975.
- Dell, D.M. Counselor power base, influence attempt, and behavior change in counseling. Journal of Counseling Psychology, 1973, 20, 399-405.
- Durlak, J.A. Myths concerning the nonprofessional therapist. Professional Psychology, 1973, 4, 300-304.

- Fiedler, F.E. A comparative investigation of early therapeutic relationships created by experts and non-experts of the psychoanalytic, non-directive and Adlerian schools. Journal of Consulting Psychology, 1950, 14, 436-445.
- Frank, J.D. Persuasion and healing (Second edition). Baltimore: The Johns Hopkins University Press, 1973.
- Friesen, D.D., & Dunning, G.B. Peer evaluation and practicum supervision. Counselor Education and Supervision, 1973, 12, 229-235.
- Geisser, S. & Greenhouse, S.W. An extension of Box's results on the use of the F-distribution in multivariate analysis. Annals of Mathematical Statistics, 1958, 29, 885-891.
- Goldstein, A.P. Psychotherapeutic attraction. New York: Pergamon Press, 1971.
- Goldstein, A.P., Heller, K., & Sechrest, L.B. Psychotherapy and the psychology of behavior change. New York: Wiley, 1966.
- Goldstein, A.P., & Simonson, N.R. Social psychological approaches to psychotherapy research. In A.E. Bergin and S. L. Garfield (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis. New York: Wiley, 1971.
- Graves, J.R., & Robinson, J.D., II. Proxemic behavior as a function of inconsistent verbal and nonverbal messages. Journal of Counseling Psychology, 1976, 23, 333-338.
- Horenstein, D., Houston, B.K., & Holmes, D.S. Clients', therapists', and judges' evaluations of psychotherapy. Journal of Counseling Psychology, 1973, 20, 149-153.
- Hovland, C.I., Janis, I.L., & Kelley, H.H. Communication and persuasion: Psychological studies of opinion change. New Haven: Yale University Press, 1953.
- Ivey, A.E., Normington, C.J., Miller, C.D., Morrill, W.H., & Haase, R.F. Microcounseling and attending behavior: An approach to pre-practicum counselor training. Journal of Counseling Psychology Monograph, 1968, 15, 1-12.
- Johnston, J.A. Practicum and on-the-job ratings of school counselors. Personnel and Guidance Journal, 1966, 45, 16-19.

- Kaul, T.J., & Schmidt, L.D. Dimensions of interviewer trustworthiness. Journal of Counseling Psychology, 1971, 18, 542-548.
- Kaul, T.J., Kaul, M.A. & Bednar, R.L. Counselor confrontation and client depth of self-exploration. Journal of Counseling Psychology, 1973, 20, 132-136.
- Kerr, B. The effect of counselor behavior, counselor attire, and the spatial environment on clients' perceptions of the counselor's expertness and attractiveness. Unpublished Master's thesis, The Ohio State University, 1975.
- Kiesler, D.J. Some myths of psychotherapy research and the search for a paradigm. Psychological Bulletin, 1966, 65, 110-136.
- Kiesler, D.J. Experimental designs in psychotherapy research. In A.E. Bergin and S.L. Garfield (Eds.), Handbook of psychotherapy and behavior change. New York: Wiley, 1971.
- Krumboltz, J.D., & Thoreson, C.E. Behavioral counseling: Cases and techniques. New York: Holt, Rinehart, and Winston, 1969.
- LaCrosse, M.B. Nonverbal behavior and perceived counselor attractiveness and persuasiveness. Journal of Counseling Psychology, 1975, 22, 563-566.
- LaCrosse, M.B., & Barak, A. Differential perception of counselor behavior. Journal of Counseling Psychology, 1976, 23, 170-172.
- Linden, J.D., Stone, S.C., & Shertzer, B. Development and evaluation of an inventory for rating counseling. Personnel and Guidance Journal, 1965, 44, 267-276.
- Lipkin, S. Client's feelings and attitudes in relations to the outcome of client-centered therapy. Psychological Monographs, 1954, 68, (1, Whole No. 372).
- Luborsky, L., Chandler, M., Auerbach, A.H., Cohen, J., and Bachrach, H.M. Factors influencing the outcome of psychotherapy: A review of quantitative research. Psychological Bulletin, 1971, 75, 145-185.
- McIlvaine, J.F. Coached clients as raters of counseling effectiveness. Counselor Education and Supervision, 1972, 12, (2), 123-129.
- Murphy, K.C., & Strong, S.R. Some effects of similarity selfdisclosure. Journal of Counseling Psychology, 1972, 19, 121-124.

- Myers, J.L. Fundamentals of experimental design. (Second Ed.). Boston: Allyn and Bacon, 1972.
- Orlinsky, D.E., & Howard, K.I. The experience of psychotherapy: A prospectus on the psychotherapy session report. Institute for Juvenile Research Report, 1966, 3, 1-11.
- Osipow, S.H., & Walsh, W.B. Strategies of behavior change in counseling. New York: Appleton-Century-Croft, 1970.
- Paul, G.L. Effects of insight, desensitization, and attention placebo in the treatment of anxiety. Stanford, Calif.: Stanford University Press, 1966.
- Pierce, R.M., & Schauble, P.G. Toward the development of facilitative counselors: The effects of practicum instructions and individual supervision. Counselor Education and Supervision, 1971, 11, (2), 83-89.
- Redfering, D.L. Changes in the perception of the counselor: Self, ideal self, and self as judged by peers. Counselor Education and Supervision, 1973, 12, 289-293.
- Resnikoff, A. Critique of the human resource development model from the viewpoint of rogor. The Counseling Psychologist, 1972, 3, 46-55.
- Rogers, C.R. The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 1957, 21, 95-103.
- Rogers, C.R. A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.) Psychology: A study of a science. Volume III. New York: McGraw-Hill, 1959.
- Roll, W.V., Schmidt, L.D., & Kaul, T.J. Perceived interviewer trustworthiness among black and white convicts. Journal of Counseling Psychology, 1972, 19, 537-541.
- Schmidt, L.D., & Strong, S.R. "Expert" and "inexpert" counselors. Journal of Counseling Psychology, 1970, 17, 115-118.
- Schmidt, L.D., & Strong, S.R. Attractiveness and influence in counseling. Journal of Counseling Psychology, 1971, 18, 348-351.
- Seaman, E.H., & Wurtz, R.E. Evaluating the practicum: Whether or whither. Counselor Education and Supervision, 1968, 7, 282-285.

- Shapiro, J.G. Relationship between visual and auditory cues of therapeutic effectiveness. Journal of Clinical Psychology, 1968, 24, 236-239.
- Silverman, M.S. Perceptions of counseling following differential practicum experiences. Journal of Counseling Psychology, 1972, 19, 11-15.
- Silverman, M.S. Practicum perceptions of initial interviews: Client-counselor divergence. Counselor Education and Supervision, 1973, 13, 158-161.
- Sobey, F. The nonprofessional revolution in mental health. New York: Columbia University Press, 1970.
- Standal, S.W. The need for positive regard: A contribution to client-centered theory. Unpublished doctoral dissertation, University of Chicago, 1954.
- Stoner, W.G., & Riese, H.C. A study of change in perception of self and ideal self. Counselor Education and Supervision, 1971, 11, (2) 115-118.
- Strong, S.R. Counseling: An interpersonal influence process. Journal of Counseling Psychology, 1968, 15, 215-224.
- Strong, S.R., & Dixon, D.N. Expertness, attractiveness, and influence in counseling. Journal of Counseling Psychology, 1971, 18, 562-570.
- Strong, S.R., & Schmidt, L.D. Expertness and influence in counseling. Journal of Counseling Psychology, 1970, 17, 81-87. (a)
- Strong, S.R., & Schmidt, L.D. Trustworthiness and influence in counseling. Journal of Counseling Psychology, 1970, 17, 197-204. (b)
- Strupp, H.H. On the basic ingredients of psychotherapy. Journal of Consulting and Clinical Psychology, 1973, 41, 1-8.
- Truax, C.B., & Carkhuff, R.R. Toward effective counseling and psychotherapy. Chicago: Aldine, 1967.
- Truax, C.B., & Mitchell, K.M. Research of therapist interpersonal skills in relation to process and outcome. In A.E. Bergin & S.L. Garfield (Eds.), Handbook of psychotherapy and behavior change. New York: Wiley, 1971.

APPENDICES

Appendix A: Statement of purpose to client

Interview Observation Consent Form

Cover letter explaining nature of the study to client

Appendix B: Questions assessing typicalness of observed sessions

1. Client Form
2. Counselor Form

Counselor Rating Form

1. Client Form (Also Observer Form)
2. Counselor Form

Barrett-Lennard Relationship Inventory

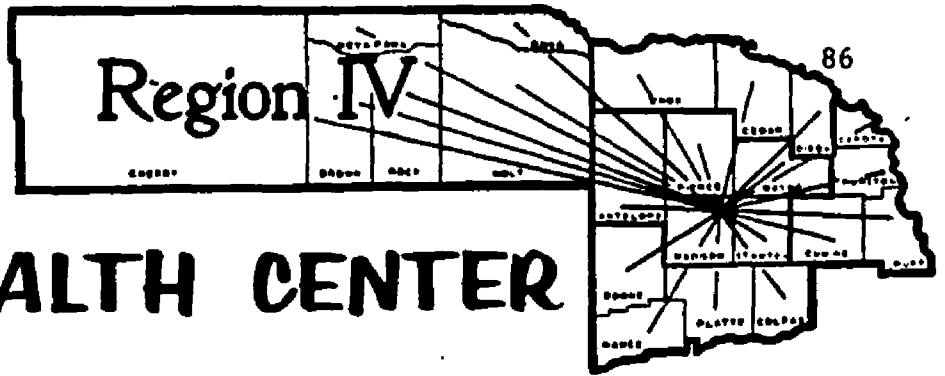
1. Client Form
2. Counselor Form
3. Observer Form

Therapist Rating Form

Appendix C: Mean Ratings By Clients and Observers for Psychologists, Social Workers, and Substance Abuse Counselor for each Dependent Measure

APPENDIX A

**northern nebraska
comprehensive**



MENTAL HEALTH CENTER

mental health, alcoholism, and drug abuse evaluation, treatment, education and consultation services

In order to monitor the quality of the services offered here at the clinic, we are asking you to permit a member of our professional staff to observe a session between you and your therapist today.

Following your interview, we will ask you to fill out some questionnaires about your therapist based on today's interview.

If you are willing to assist us in this work, please read and sign the attached form.

Northern Nebraska Comprehensive Mental Health Center
Norfolk, Nebraska 68701

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Interview Observation Consent Form

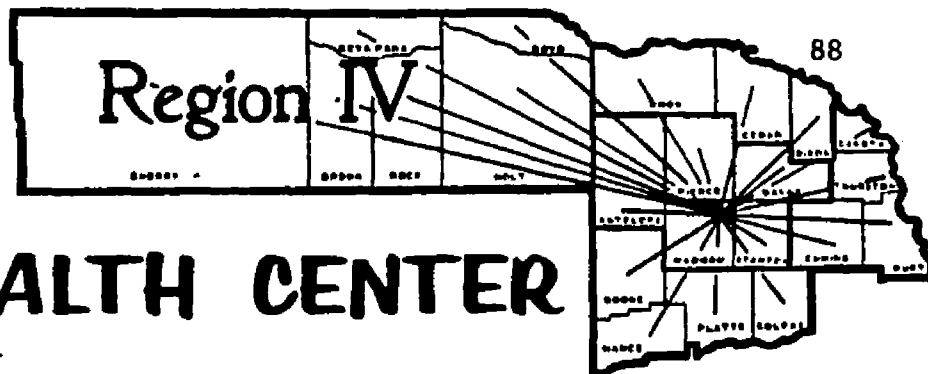
I, the undersigned, consent to and authorize the professional staff of the Northern Nebraska Comprehensive Mental Health Center and the Norfolk Regional Center to observe a counseling session between myself and another professional staff member. I understand that such observation will be used in strict confidence for professional and scientific purposes only.

Dated this _____ day of _____, 197 ____.

Client Signature

Witness: _____

**northern nebraska
comprehensive**



MENTAL HEALTH CENTER

mental health, alcoholism, and drug abuse evaluation, treatment, education and consultation services

Please read the following before opening the envelope:

From time to time clients who receive our services are asked to help us in our work. We are presently investigating clients' impressions of their counselors. We hope the results will aid in improving the quality of the services offered by the clinic.

Please fill out the enclosed forms based on your impression of your counselor's behavior during today's counseling session. It is very important that you be as honest and straightforward as you can in filling out the questionnaires.

Answer the questionnaires from YOUR POINT OF VIEW based on the interview YOU JUST COMPLETED. It is important that you concentrate on how your counselor seemed today - not how he or she has been in the past or how he or she "should have been."

No one except the person doing this project will see your impressions of your counselor and no one will have any knowledge of your identity.

When you have completed these forms please seal them in the envelope and return the envelope to the secretary in the clinic. It will be picked up there by the person named below.

Thank you very much for your cooperation in our research efforts.

**Michael B. LaCrosse
Associate Psychologist**

NOTE: PLEASE BE SURE YOU CHECK OFF EACH ITEM WHEN YOU ANSWER THE ENCLOSED FORMS. PLEASE DO NOT SKIP ANY ITEMS.

APPENDIX B

Before answering the other questionnaires, please answer the following questions. Circle the number corresponding to your answers.

- (1) How typical was your behavior in this interview compared to other interviews you have had with this counselor?

1	2	3	4	5
very untypical	untypical	somewhat typical	typical	very typical

- (a) If you circled number 1 or number 2 above, please describe briefly how your behavior was different.

- (2) How typical was your counselor's behavior in this interview compared to other interviews you have had with this counselor?

1	2	3	4	5
very untypical	untypical	somewhat typical	typical	very typical

- (a) If you circled number 1 or number 2 above, please describe briefly how your counselor's behavior was different.

- (3) In general, what made this interview similar to or different from others you have had?

Counselor Form

Before answering the other questionnaires, please answer the following questions. Circle the number corresponding to your answers.

(1) How typical was your behavior in this interview compared to other interviews you have had with this client?

1	2	3	4	5
very untypical	untypical	somewhat typical	typical	very typical

(a) If you circled number 1 or number 2 above, please describe briefly how your behavior was different.

(2) How typical was your client's behavior in this interview compared to other interviews you have had with this client?

1	2	3	4	5
very untypical	untypical	somewhat typical	typical	very typical

(a) If you circled number 1 or number 2 above, please describe briefly how your client's behavior was different.

(3) In general, what made this interview similar to or different from others you have had?

(Revised Form)

COUNSELOR RATING FORM

Listed below are several scales which contain word pairs at either end of the scale and seven spaces between the pairs. Please rate the counselor you just saw on each of the scales.

If you feel that the counselor very closely resembles the word at one end of the scale, place a check mark as follows:

fair ___ : ___ : ___ : ___ : ___ : ___ : X unfair

OR

fair X : ___ : ___ : ___ : ___ : ___ : ___ unfair

If you think that one end of the scale quite closely describes the counselor then make your check mark as follows:

rough ___ : X : ___ : ___ : ___ : ___ : ___ smooth

OR

rough ___ : ___ : ___ : ___ : ___ : X : ___ smooth

If you feel that one end of the scale only slightly describes the counselor, then check the scale as follows:

active ___ : ___ : X : ___ : ___ : ___ : ___ passive

OR

active ___ : ___ : ___ : ___ : X : ___ : ___ passive

If both sides of the scale seem equally associated with your impression of the counselor or if the statement is irrelevant, then place a check mark in the middle space:

hard ___ : ___ : ___ : X : ___ : ___ : ___ soft

Your first impression is the best answer.

PLEASE NOTE: PLACE CHECK MARKS IN THE MIDDLE OF THE SPACES.

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Counselor Form

(Revised Form)

COUNSELOR RATING FORM

Listed below are several scales which contain word pairs at either end of the scale and seven spaces between the pairs. Based on your behavior in the interview you just completed, please rate yourself on these scales.

If you feel that your interview behavior very closely resembles the word at one end of the scale, place a check mark as follows:

fair ___:___:___:___:___:___: X :unfair

OR

fair X :___:___:___:___:___:___ unfair

If you think that your interview behavior quite closely resembles the word at one end of the scale. place a check mark as follows:

rough ___: X :___:___:___:___:___ smooth

OR

rough ___:___:___:___:___: X :___ smooth

If you think that one end of the scale only slightly describes your interview behavior, then check the scale as follows:

active ___:___: X :___:___:___:___ passive

OR

active ___:___:___:___: X :___:___ passive

If both sides of the scale seem equally associated with your impression of your interview behavior or if the scale is irrelevant, then place a check mark in the middle of the space:

hard ___:___:___: X :___:___:___ soft

Your first impression is the best answer

PLEASE NOTE: PLACE CHECK MARKS IN THE MIDDLE OF THE SPACES

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agreeable ___:___:___:___:___:___:___ disagreeable
 unalert ___:___:___:___:___:___:___ alert
 analytic ___:___:___:___:___:___:___ diffuse
 unappreciative ___:___:___:___:___:___:___ appreciative
 attractive ___:___:___:___:___:___:___ unattractive
 casual ___:___:___:___:___:___:___ formal
 cheerful ___:___:___:___:___:___:___ depressed
 vague ___:___:___:___:___:___:___ clear
 distant ___:___:___:___:___:___:___ close
 compatible ___:___:___:___:___:___:___ incompatible
 unsure ___:___:___:___:___:___:___ confident
 suspicious ___:___:___:___:___:___:___ believable
 undependable ___:___:___:___:___:___:___ dependable
 indifferent ___:___:___:___:___:___:___ enthusiastic
 inexperienced ___:___:___:___:___:___:___ experienced
 inexpert ___:___:___:___:___:___:___ expert
 unfriendly ___:___:___:___:___:___:___ friendly
 honest ___:___:___:___:___:___:___ dishonest

informed ___:___:___:___:___:___:___ **ignorant**

insightful ___:___:___:___:___:___:___ **insightless**

stupid ___:___:___:___:___:___:___ **intelligent**

unlikeable ___:___:___:___:___:___:___ **likeable**

logical ___:___:___:___:___:___:___ **illogical**

open ___:___:___:___:___:___:___ **closed**

prepared ___:___:___:___:___:___:___ **unprepared**

unreliable ___:___:___:___:___:___:___ **reliable**

disrespectful ___:___:___:___:___:___:___ **respectful**

irresponsible ___:___:___:___:___:___:___ **responsible**

selfless ___:___:___:___:___:___:___ **selfish**

sincere ___:___:___:___:___:___:___ **insincere**

skillful ___:___:___:___:___:___:___ **unskillful**

sociable ___:___:___:___:___:___:___ **unsociable**

deceitful ___:___:___:___:___:___:___ **straightforward**

trustworthy ___:___:___:___:___:___:___ **untrustworthy**

genuine ___:___:___:___:___:___:___ **phony**

warm ___:___:___:___:___:___:___ **cold**

RELATIONSHIP INVENTORY -- FORM OS --64

Below are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each statement with reference to the interview you just had with your counselor here at the clinic.

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every one. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

- | | |
|---|--|
| +3: Yes, I strongly feel that it is true | -1: No, I feel that it is probably untrue, or more untrue than true. |
| +2: Yes, I feel it is true. | |
| +1: Yes, I feel that it is probably true, or more true than untrue. | -2: No, I feel it is not true. |
| | -3: No, I strongly feel that it is not true. |

- ___ 1. My counselor respected me as a person.
- ___ 2. My counselor wanted to understand how I saw things.
- ___ 3. My counselor's interest in me depended on the things I said or did.
- ___ 4. My counselor was comfortable and at ease in our relationship.
- ___ 5. My counselor felt a true liking for me.
- ___ 6. My counselor may have understood my words but he/she did not see the way I felt.
- ___ 7. Whether I was feeling happy or unhappy with myself made no real difference to the way my counselor felt about me.
- ___ 8. I felt that my counselor put on a role or front with me.
- ___ 9. My counselor was impatient with me.
- ___ 10. My counselor nearly always knew exactly what I meant.
- ___ 11. Depending on my behavior, my counselor had a better opinion of me sometimes than he/she had at other times.
- ___ 12. I felt that my counselor was real and genuine with me.
- ___ 13. I felt appreciated by my counselor.
- ___ 14. My counselor looked at what I do from his/her own point of view.

- ___15. My counselor's feeling toward me didn't depend on how I felt toward him(her).
- ___16. It made my counselor uneasy when I asked or talked about certain things.
- ___17. My counselor was indifferent toward me today.
- ___18. My counselor usually sensed or realized what I was feeling.
- ___19. My counselor wanted me to be a particular kind of person.
- ___20. I nearly always felt that what my counselor said expressed exactly what he(she) was feeling and thinking as he(she) said it.
- ___21. My counselor found me rather dull and uninteresting today.
- ___22. My counselor's attitudes toward some of the things I did or said prevented him(her) from understanding me.
- ___23. I could be openly critical or appreciative of my counselor without really making him(her) feel any differently about me.
- ___24. My counselor wanted me to think that he(she) liked me or understood me more than he(she) really did.
- ___25. My counselor cared for me in this interview.
- ___26. Sometimes my counselor thought that I felt a certain way, because that was the way he(she) felt.
- ___27. My counselor liked certain things about me, and there were other things he(she) did not like.
- ___28. My counselor did not avoid anything that was important for our relationship.
- ___29. I felt that my counselor disapproved of me.
- ___30. My counselor realized what I meant even when I had difficulty in saying it.
- ___31. My counselor's attitude toward me stayed the same; he(she) was not pleased with me sometimes and critical or disappointed at other times.
- ___32. Sometimes my counselor was not at all comfortable but we went on, outwardly ignoring it.
- ___33. My counselor just tolerated me today.

- ____ 34. My counselor usually understood the whole of what I meant.
- ____ 35. If I showed that I was angry with my counselor, he(she) became hurt or angry with me, too.
- ____ 36. My counselor expressed his(her) true impressions and feelings with me.
- ____ 37. My counselor was friendly and warm with me.
- ____ 38. My counselor just took no notice of some things that I thought or felt.
- ____ 39. How much my counselor likes or dislikes me was not changed by anything that I told him(her) about myself.
- ____ 40. At times, I sensed that my counselor was not aware of what he(she) was really feeling with me.
- ____ 41. I felt that my counselor really valued me.
- ____ 42. My counselor appreciated exactly how the things I experienced felt to me.
- ____ 43. My counselor approved of some things I did and plainly disapproved of others.
- ____ 44. My counselor was willing to express whatever was actually in his(her) mind with me, including any feelings about himself (herself) or about me.
- ____ 45. I felt my counselor did not like me for myself in this interview.
- ____ 46. At times my counselor thought that I felt a lot more strongly about a particular thing than I really did.
- ____ 47. Whether I was in good spirits or feeling upset did not make my counselor feel any more or less appreciative of me.
- ____ 48. My counselor was openly himself(herself) in our relationship today.
- ____ 49. I seemed to irritate and bother my counselor today.
- ____ 50. My counselor did not realize how sensitive I was about some of the things we discussed.
- ____ 51. Whether the ideas and feelings I expressed were "good" or "bad" seemed to make no difference to my counselor's feeling toward me.

- _____52. There were times when I felt that my counselor's outward response to me was quite different from the way he(she) felt underneath.
- _____53. At times my counselor felt contempt for me today.
- _____54. My counselor understood me today.
- _____55. Sometimes I was more worthwhile in my counselor's eyes than I was at other times during this interview.
- _____56. I did not feel that my counselor tried to hide anything from himself(herself) that he(she) felt with me.
- _____57. My counselor was truly interested in me today.
- _____58. My counselor's response to me was usually so fixed and automatic that I didn't really get through to him(her).
- _____59. I don't think that anything I said or did today really changes the way my counselor feels toward me.
- _____60. What my counselor said to me often gave a wrong impression of his(her) whole thought or feeling at the time.
- _____61. My counselor felt deep affection for me .
- _____62. When I was hurt or upset my counselor recognized my feelings exactly, without becoming upset himself(herself).
- _____63. What other people think of me did (or would, if my counselor knew) affect the way he(she) felt toward me.
- _____64. I believe that my counselor had feelings he(she) did not tell me about that were causing difficulty in our relationship.

RELATIONSHIP INVENTORY--COUNSELOR

Below are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each statement with reference to the interview you just had with your client.

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every one. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

- | | |
|---|--|
| +3: Yes, I strongly feel that it is true. | -1: No, I feel that it is probably untrue, or more untrue than true. |
| +2: Yes, I feel it is true. | -2: No, I feel it is not true. |
| +1: Yes, I feel that it is probably true, or more true than untrue. | -3: No, I strongly feel that it is not true. |
-

- ___ 1. I respected him(her) as a person.
- ___ 2. I wanted to understand how he(she) saw things.
- ___ 3. The interest I felt in him(her) depended on the things he (she) said or did.
- ___ 4. I felt comfortable and at ease with him(her).
- ___ 5. I really like him(her).
- ___ 6. I understood his(her) words but did not know how he(she) actually felt.
- ___ 7. Whether he(she) was feeling pleased or unhappy with himself (herself) did not change the way I felt about him(her).
- ___ 8. I was inclined to put on a role or front with him(her).
- ___ 9. I did feel impatient with the client.
- ___ 10. I nearly always knew exactly what the client meant.
- ___ 11. Depending on his(her) behavior, I had a better opinion of him(her) sometimes than I had at other times.

- ___ 12. I was real and genuine with him(her).
- ___ 13. I appreciated the client.
- ___ 14. I looked at what the client did from my own point of view.
- ___ 15. My feeling toward the client didn't depend on how he(she) felt toward me.
- ___ 16. It made me uneasy when the client talked about certain things.
- ___ 17. I was indifferent toward him(her) today.
- ___ 18. I usually sensed or realized what the client was feeling.
- ___ 19. I wanted the client to be a particular kind of person.
- ___ 20. What I said expressed exactly what I was feeling and thinking as I said it.
- ___ 21. I found the client rather dull and uninteresting today.
- ___ 22. My own attitudes toward some of the things the client did or said prevented me from understanding him(her).
- ___ 23. The client could be openly critical or appreciative of me without really making me feel any differently about him(her).
- ___ 24. I wanted the client to think that I liked or understood him (her) more than I really did.
- ___ 25. I cared for the client in this interview.
- ___ 26. Sometimes I thought that the client felt a certain way because that was the way I felt.
- ___ 27. I really liked certain things about the client, and there were other things I did not like.
- ___ 28. I did not avoid anything that was important for our relationship.
- ___ 29. I disapproved of the client.
- ___ 30. I realized what the client meant even when he(she) had difficulty in saying it.
- ___ 31. My attitude toward the client stayed the same: I was not pleased with him(her) sometimes and critical or disappointed at other times.

- ___ 32. Sometimes I was not at all comfortable but we went on, outwardly ignoring it.
- ___ 33. I just tolerated the client in this interview.
- ___ 34. I usually understood the whole of what the client meant.
- ___ 35. If the client showed that he(she) was angry with me, I became hurt or angry with him(her) too.
- ___ 36. I expressed my true impressions and feelings with the client.
- ___ 37. I was friendly and warm with the client.
- ___ 38. I took no notice of some things the client thought or felt.
- ___ 39. How much I liked or disliked the client was not changed by anything that he(she) told me about himself(herself).
- ___ 40. At times I was not aware of what I was really feeling with the client.
- ___ 41. I really valued the client.
- ___ 42. I appreciated exactly how the things the client experienced felt to him(her).
- ___ 43. I approved of some things the client does and plainly disapproved of others.
- ___ 44. I was willing to express whatever was actually in my mind with the client, including any feelings about myself or about him(her).
- ___ 45. I didn't like the client for himself(herself).
- ___ 46. At times I thought that the client felt a lot more strongly about a particular thing than he(she) really did.
- ___ 47. Whether the client was in good spirits or feeling upset did not make me feel any more or less appreciative of him(her).
- ___ 48. I was openly myself in our relationship today.
- ___ 49. The client irritated and bothered me today.
- ___ 50. I did not realize how sensitive the client was about some of the things we discussed.
- ___ 51. Whether the ideas and feelings the client expressed were "good" or "bad" seemed to make no difference toward how I felt toward him(her).

- _____52. There were times when my outward response to the client was quite different from the way I felt underneath.
- _____53. At times I felt contempt for the client today.
- _____54. I felt I understood the client today.
- _____55. Sometimes the client was more worthwhile in my eyes than he(she) was at other times.
- _____56. I did not try to hide certain things from myself that I felt about the client.
- _____57. I was truly interested in him(her) today.
- _____58. My response to the client was usually so fixed and automatic that he(she) really didn't get through to me.
- _____59. Nothing he(she) said or did today really changes the way I feel toward him(her).
- _____60. What I said to the client often gave a wrong impression of my whole thought or feeling at the time.
- _____61. I felt deep affection for the client today.
- _____62. When the client was hurt or upset I recognized his(her) feelings exactly, without becoming upset myself.
- _____63. What other people think of the client did (or would, if I knew) affect the way I felt toward him (her).
- _____64. I had feelings I did not tell the client about that were causing difficulting in our relationship.

RELATIONSHIP INVENTORY--OBSERVER

Below are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each statement carefully with reference to the interview you just observed.

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in the relationship. Please mark every one. Write +3, +2, +1 or -1, -2, -3, to stand for the following answers:

- | | |
|---|--|
| +3: Yes, I strongly feel that it is true. | -1: No, I feel that it is probably untrue, or more untrue than true. |
| +2: Yes, I feel it is true. | -2: No, I feel it is not true. |
| +3: Yes, I feel that it is probably true, or more true than untrue. | -3: No, I strongly feel that it is not true. |

-
1. The counselor respected the client as a person.
 2. The counselor wanted to understand how the client saw things.
 3. The interest the counselor felt in the client depended on the things the client said or did.
 4. The counselor felt at ease with the client.
 5. The counselor really likes the client.
 6. The counselor understood the client's words but did not know how the client actually felt.
 7. Whether the client was feeling pleased or unhappy with himself(herself) did not change the way the counselor felt about him(her).
 8. The counselor put on a role or front with the client.
 9. The counselor was impatient with the client.

- ___ 10. The counselor nearly always knew exactly what the client meant.
- ___ 11. Depending on the client's behavior, the counselor had a better opinion of him(her) sometimes than he(she) had at other times.
- ___ 12. The counselor was real and genuine with the client.
- ___ 13. The counselor appreciated the client.
- ___ 14. The counselor looked at what the client does from his(her) own point of view.
- ___ 15. The counselor's feeling toward the client didn't depend on how the client felt toward him(her).
- ___ 16. The counselor was uneasy when the client asked or talked about certain things.
- ___ 17. The counselor was indifferent toward the client today.
- ___ 18. The counselor usually sensed or realized what the client was feeling.
- ___ 19. The counselor wanted the client to be a particular kind of person.
- ___ 20. What the counselor said, expressed exactly what he(she) was feeling and thinking as he(she) said it.
- ___ 21. The counselor seemed to find the client rather dull and uninteresting today.
- ___ 22. The counselor's own attitudes toward some of the things the client did or said prevented the counselor from understanding the client.
- ___ 23. The client could be openly critical or appreciative of the counselor without really making the counselor feel any differently about him(her).
- ___ 24. The counselor wanted the client to think that he(she) liked the client or understood the client more than he(she) really did.
- ___ 25. The counselor cared for the client in this interview.
- ___ 26. Sometimes the counselor thought the client felt a certain way because that's the way the counselor felt.

- _____ 27. The counselor liked certain things about the client, and there were other things he (she) did not like.
- _____ 28. The counselor did not avoid anything that was important for the relationship with the client.
- _____ 29. The counselor disapproved of the client.
- _____ 30. The counselor realized what the client said even when the client had difficulty in saying it.
- _____ 31. The counselor's attitude toward the client remained unchanged: The counselor was not pleased with the client sometimes and critical or disappointed at others.
- _____ 32. Sometimes the counselor was not at all comfortable but he (she) and the client went on, outwardly ignoring it.
- _____ 33. The counselor just tolerated the client today.
- _____ 34. The counselor understood the whole of what the client meant.
- _____ 35. If the client showed anger with the counselor the counselor became hurt or angry with the client too.
- _____ 36. The counselor expressed his(her) true impressions and feelings with the client.
- _____ 37. The counselor was warm and friendly with the client.
- _____ 38. The counselor took no notice of some things that the client thought or felt.
- _____ 39. How much the counselor liked or disliked the client was not changed by anything that the client told the counselor about himself(herself).
- _____ 40. At times the counselor was not aware of what he(she) was really feeling with the client.
- _____ 41. The counselor really valued the client.
- _____ 42. The counselor appreciated exactly how the things the client experienced actually felt to him(her).
- _____ 43. The counselor approved of some things the client did, and plainly disapproved of others.
- _____ 44. The counselor was willing to express whatever was actually in his(her) mind with the client, including any feelings about himself(herself) or about the client.

- ___ 45. The counselor didn't like the client for himself(herself) in this interview.
- ___ 46. At times the counselor thought the client felt a lot more strongly about a particular thing that he(she) actually did.
- ___ 47. Whether the client was in good spirits or feeling upset did not make the counselor feel any more or less appreciative of him(her).
- ___ 48. The counselor was openly himself in the interview today.
- ___ 49. The counselor seemed irritated and bothered by the client today.
- ___ 50. The counselor did not realize how sensitive the client was about some of the things they discussed.
- ___ 51. Whether the ideas and feelings the client expressed were "good" or "bad" seemed to make no difference to the counselor's feeling toward him (her).
- ___ 52. There were times when the counselor's outward response to the client was quite different from the way he(she) felt underneath.
- ___ 53. At times the counselor felt contempt for the client today.
- ___ 54. The counselor understood the client today.
- ___ 55. Sometimes the client was more worthwhile in the counselor's eyes than he(she) was at other times.
- ___ 56. The counselor did not try to hide anything from himself (herself) that he(she) felt with the client.
- ___ 57. The counselor was truly interested in the client today.
- ___ 58. The counselor's response to the client was usually so fixed and automatic that the client didn't really get through to him(her).
- ___ 59. Nothing the client said or did today really changes the way the counselor feels toward the client.
- ___ 60. What the counselor said to the client often gave a wrong impression of the counselor's whole thought or feeling at the time.
- ___ 61. The counselor felt deep affection for the client.

- _____ 62. When the client was hurt or upset the counselor recognized the client's feelings exactly, without becoming upset himself(herself).
- _____ 63. What other people think of the client did (or would, if the counselor knew) affect the way the counselor felt toward him(her).
- _____ 64. The counselor had feelings he(she) did not tell the client about that were causing difficulty in their relationship.

THERAPIST RATING FORM

Part III.: Therapist Personal Data

A. Indicate in order, the three authors who have been most influential in shaping your present approach to psychotherapy.

1.

2.

3.

B. Indicate the "school" or "schools" of psychotherapy to which you feel most related.

1.

2.

C. Indicate the number of years of therapy experience you have gained to this time.

D. Have you obtained personal analysis and/or psychotherapy?.....
(If yes):

1. Number of sessions?

2. Type (i.e., individual-group, analysis-client centered, etc.)

.....

Appendix C

Mean Ratings By Clients and Observers for Psychologists,
Social Workers, and Substance Abuse Counselor
for Each Dependent Measure

	Client Ratings						
Dimensions	E	A	T	Em	Cg	Lr	Ur
Profession							
Psychologists	76.0	74.6	78.2	60.6	66.3	66.5	47.6
Social Workers	74.6	75.1	77.2	58.4	65.4	65.7	44.6
Substance Abuse Counselor	73.7	72.2	76.8	57.0	67.6	64.2	47.8
	Observer Ratings						
Psychologists	61.2	61.4	62.3	35.7	37.8	48.8	37.4
Social Workers	60.4	59.9	65.1	36.4	39.6	50.3	34.3
Substance Abuse Counselor	62.5	59.3	63.8	38.2	38.9	46.2	38.2

Note. One-way ANOVAS were computed between the three levels of professions for each dependent measure. No significant differences were found, although the differences between Social Worker interviews and those given by the Substance Abuse Counselor on Lr and Ur approached marginal levels of significance ($p < .11$).